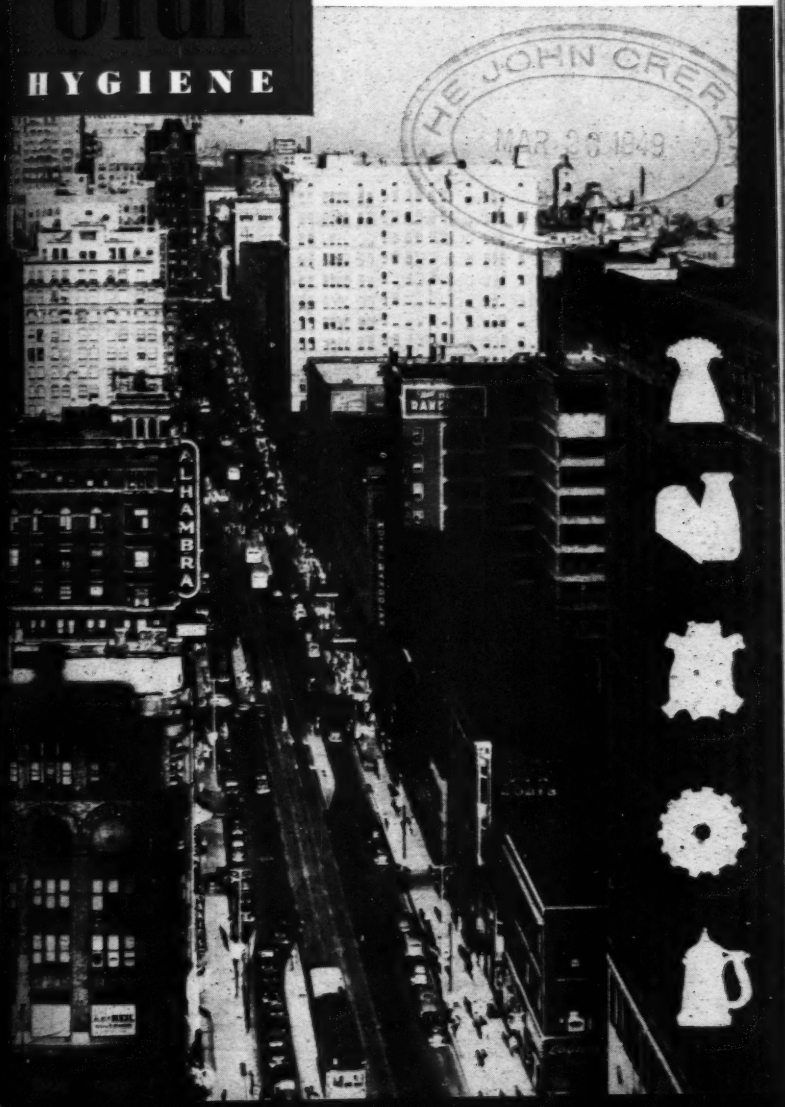
MARCH 1949

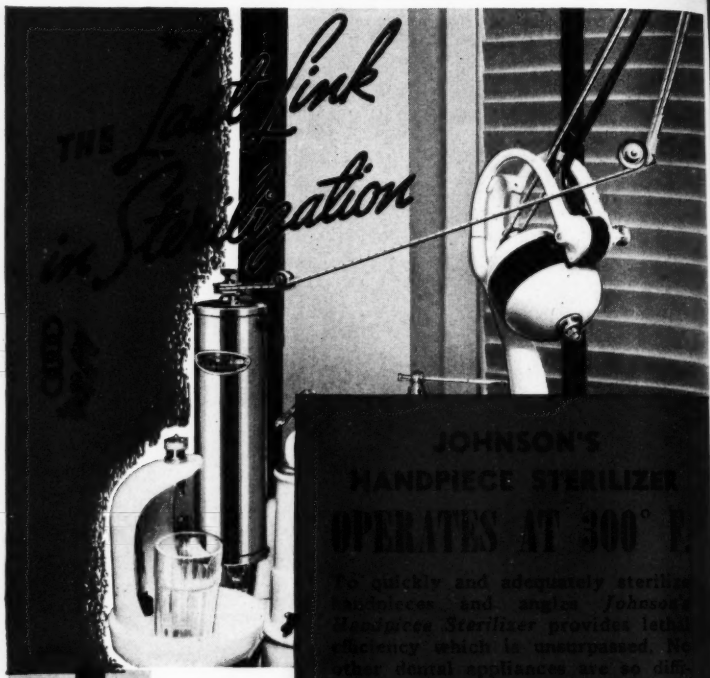
Oral HYGIENE

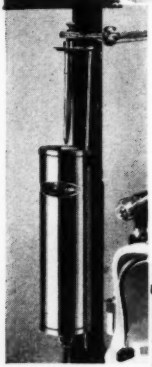
In This Issue: **"LAY THAT TEMPER DOWN, DOCTOR"**

Wisconsin State Dental Meeting, Milwaukee, April 19-2



THE JOHN CRERA
MAR 28 1949





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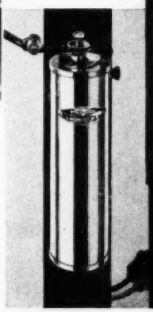

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HANDPIECE STERILIZER

OPERATES AT 300° F.

To quickly and adequately sterilize handpieces and angles *Johnson's Handpiece Sterilizer* provides lethal efficiency which is unsurpassed. No other dental appliances are so difficult to sterilize (or so in need of it) and *Johnson's* completely solves the problem.

The Sterilizer is a cylindrical reservoir for oil with an electrical heating element, and a thermostat which holds it at the sterilizing temperature. After processing in high flash point mineral oil, handpieces are not only sterile but thoroughly lubricated.

A leading laboratory specializing in bacteriological problems has pronounced *Johnson's Handpiece Sterilizer* as highly effective and meeting all of their tests.

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with TISSUE RESORPTION!

When Konformax Rebase is applied to an Immediate Denture, it develops denture tolerance by cushioning the tender tissue.

Additional applications of Konformax Rebase can be made as normal resorption occurs, thus keeping the denture in constant retention and proper function. At the same time it also helps to decrease alveolar resorption because tissue irritation is greatly reduced.

At the end of the resorption period, Konformax Rebase can be used for the impression in reprocessing the denture.

Can Be Used On Vulcanite, Metal and Acrylic Dentures.

KONFORMAX DIVISION, PERMATEX COMPANY, INC., BROOKLYN 29, N. Y.

The Publisher's CORNER

By Mass

Number 332

Remembering Doctor Ebersole

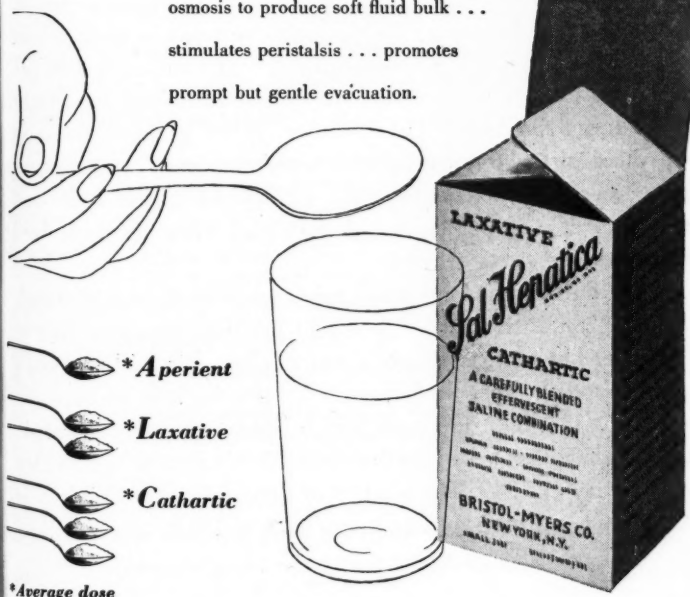
FEBRUARY 7 was the first National Children's Dental Health Day, which is hereafter to be an annual event sponsored by the American Dental Association. President Truman declined to make it official so far as Washington is concerned, but there was no reason for the A.D.A. not going ahead with the project anyway, so they did. The first Monday in February is to be celebrated each year as a reminder to parents that early dental service will contribute to kids' health and head off a lot of grief (and expense) later on.

A shorter name for the day might have been better, but no matter. The idea is a good one whether the day's name is long or short.

The American Dental Association points out that it is about forty years since Doctor William G. Ebersole "focused national attention on the dental needs of children, and the value of early dental care." His pioneering has proved to be fruitful. Doctor Ebersole was one of ORAL HYGIENE's earliest contributors. It

Gentle Pleasant Prompt

A pleasant, effervescent saline laxative which acts by osmosis to produce soft fluid bulk . . . stimulates peristalsis . . . promotes prompt but gentle evacuation.



*Aperient

*Laxative

*Cathartic

*Average dose

Product of BRISTOL-MYERS • 19 West 50th Street, New York 20, N. Y.

was an even thirty-eight years ago last month that he wrote in these pages about dentistry for children, in an article titled "Extending the Field of Dentistry," in the magazine's second number.

Thirty-eight years ago this month, he contributed his second article, "Getting Started," and he wrote other articles that same year. Older members of the profession will recall the Marion School Squad, organized by Doctor Ebersole in one of the Cleveland public schools. After personally seeing the children, this magazine's first editor, Doctor George Edwin Hunt, wrote that "the results are truly astonishing." He told how dental care had not only improved the children's dental and general health, but had been reflected in marked improvement in their school work. There was a class-average increase of practically 100 per cent according to a four-page tabulation furnished by Doctor Ebersole for the August 1911 number. It had been prepared by a psychologist who tested the children for memory, spontaneous association, addition, association by opposites, and quickness and accuracy of perception—before and after they received dental service.

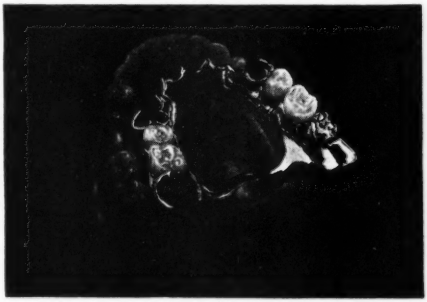
Thus, thirty-eight long years ago a great truth was revealed, thanks to the unselfish devotion and the persistency of Doctor Ebersole. But now, thirty-eight years later, it is *still* necessary to preach this gospel. In the world we live in, it is perhaps not surprising that the truth must still be told—and retold. People are like that. This is why National Children's Dental Health Day is necessary in 1949. The wisdom of dental care for children is still news to millions, just as it was back in 1911.

* * *

Did you read the article on dentistry in January *Cosmopolitan* magazine? Doctor Harry Spritz of Baltimore writes to the CORNER about it. The title is "What Should Your Dentist

craftsmanship—

NOT conveyor-belt methods



Good craftsmanship comes with personalized service, not with conveyor-belt production methods. That's one of the many reasons you receive expert precision workmanship from your Durallium laboratory.

Whatever its size, your Durallium laboratory is compact enough . . . yet specialized enough . . . to give your cases individual attention *plus* skillful handling. And however large it may be, your Durallium laboratory uses no hasty, speeded-up mass production methods.

When you use the services of your Durallium laboratory, your laboratory man makes himself personally acquainted with your needs. He offers you neither break-neck speed nor depressed prices; instead, he provides the superb craftsmanship which makes each case worthy of your professional skill.

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Charge?" It is highly critical of the profession. Doctor Spritz rightly believes that every dentist should read the article and that something should be done about it by organized dentistry. There isn't room here in the CORNER adequately to quote from the article. You better dig up a copy of *Cosmopolitan* and read the whole thing if you haven't already done so.

* * *

Speaking of national magazines, Doctor Bernard Bernstein of New York writes to the CORNER about a *Saturday Evening Post* department, "What Would You Have Done?" Each story describes a dilemma, and its solution. The doctor says, "Don't you think it would be a splendid idea to start something of the sort for the dental profession? Most of us, at one time or another, find ourselves in unusual or difficult situations. For a moment, at least, the problem appears baffling—yet often the solution is so simple!"

He cites an example. "Suppose you were making a gold inlay for a wealthy, but eccentric woman patient. It had been waxed, carved, invested, and put into the electric furnace to burn out. You get busy. Things happen. You forget about the inlay cooking. Suddenly, your patient comes in. Equally suddenly, you realize what must have happened. You open your stove. The inlay ring has melted away. The investment is white hot. *What would you have done?*"

"You don't want to tell your patient of your forgetfulness, your carelessness. But you cast the inlay just the same. How?"

This department wouldn't know. Do you? What would you have done? So far, the doctor is keeping the solution to himself. He didn't tell me.

If you know the answer, for the love of Mike send it in so I can start thinking about something else.

"Thank you, dear Doctor!"

Your patients will appreciate the visible benefits of Neutrox dentifrice. Active Oxygen plus polishing agents in Neutrox combine to help improve the gingival tone . . . as well as clean and polish teeth thoroughly. Thus Neutrox really helps the tooth brush do a better job . . . remove surface stains from the teeth . . . leave the mouth in a cleaner, healthier condition.

MORE THAN ONE MILLION PACKAGES have been distributed, all as a result of original prescription or recommendation of dentists. Neutrox can be helpful in your practice, too.

Send for professional samples

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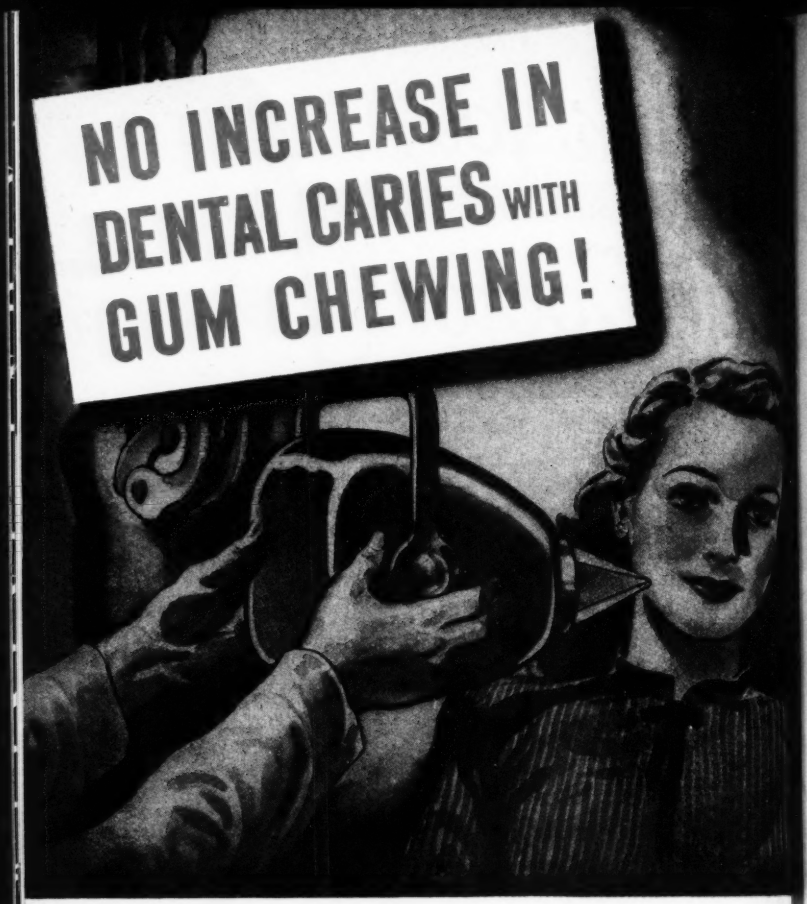


AS THE RESULT of an intensive 18-months' study involving 100 highly cooperative subjects—carefully divided as to age, past caries experience, present caries susceptibility, and previous history of gum chewing—Volker* concluded that the *"chewing of gum is without effect on the incidence of dental caries"*. (Dentyne Chewing Gum was used in this study.)

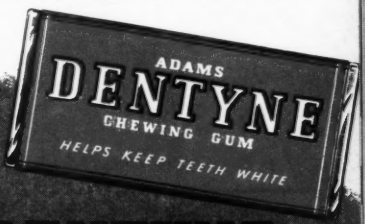
For Free office samples—just send us one of your prescription blanks or letterheads

Full-mouth and bitewing X-rays... detailed clinical examinations... lactobacilli counts... and Snyder tests, together, resulted in demonstrating that the "average increase in the number of D.M.F. (decayed, missing and filled teeth) and D.M.F. surfaces is essentially the same in the non-chewing and chewing groups".

Furthermore, on the basis of detergency observations, Volker stated that "it seems probable that the chewing of gum would mechanically tend to remove residual foodstuffs that might be concerned with caries etiology"—pointing to the rapidity with which sugars are cleared from the oral cavity.

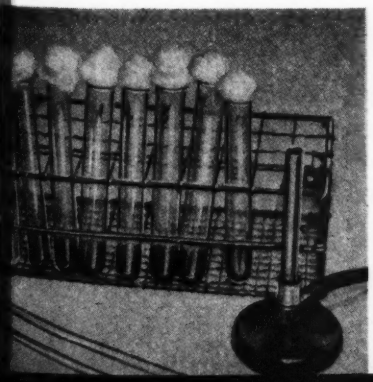
This carefully controlled experimental evidence strongly supports the judgment of many dentists, who—on the basis of their own observations—feel secure in recommending Dentyne Gum as an ideal masticatory for physiologic stimulation.

*Volker, J. F.: J. Am. Dent. A., 36:23, Jan. 1948.

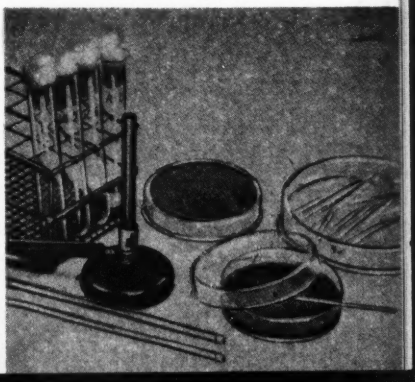


DENTYNE
CHEWING GUM
the ideal masticatory

Saliva samples and equipment used for lactobacillus count.



Saliva samples and equipment employed in Snyder Test.



THIS HAPPENS..

ORA Denture

Members of the dental profession in all parts of the country have used Ora Denture Cleanser, have satisfied themselves that it is a superior compound, and have recommended it to their patients. The following excerpts from thousands of their letters are typical:

ORA does these things . . . BETTER!

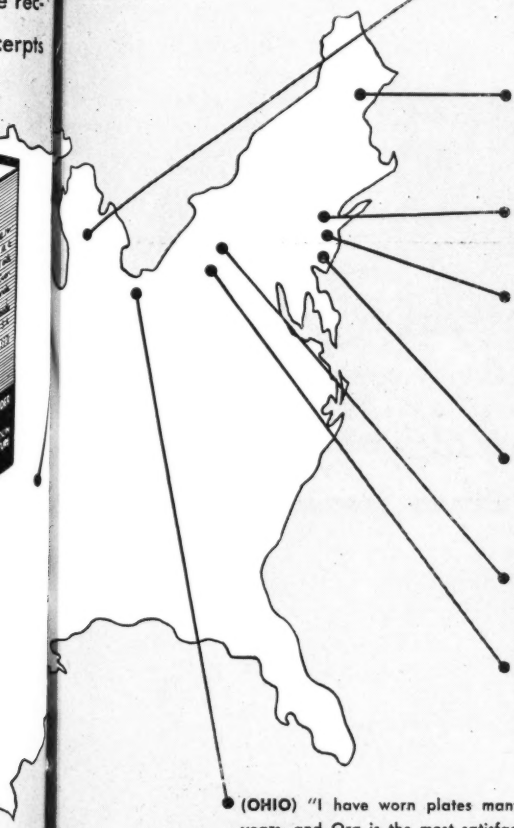
1. Makes dentures immaculately clean.
2. Removes stains, prevents stains if used routinely.
3. Dissolves mucin and mucin plaques.
4. Prevents offensive breath due to denture not being thoroughly clean.

No Brushing. Just immerse denture in Ora solution for 15 minutes, or overnight.

ORA is guaranteed not to injure denture

McKESSON & ROBBINS, INCORPORATED, BRIDGEPORT, CONN

when you recommend *Cleanser*



(OKLAHOMA) "Ora is really wonderful...I haven't found its equal in any other preparation."

(MICHIGAN) "My dentures were covered with a brown stain. I tried Ora after trying everything else, and now they look as clean and pink as when I first got them."

(MAINE) "...not only makes my teeth clean and bright, but seems to give my mouth such a relieved feeling."

(NEW YORK) "It does a perfect job of removing nicotine stains."

(NEW YORK) "My husband has one of the old-fashioned plates and it was all stained up...well, you should have seen all the stains come off, and how white the teeth became."

(NEW JERSEY) "I have never used anything nearly so good...my mouth feels so clean and refreshed."

(PENNSYLVANIA) "The best false teeth cleanser I have ever used."

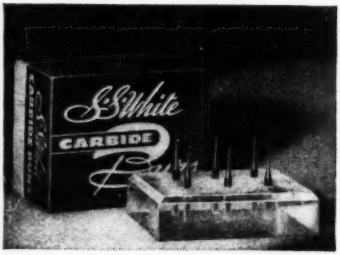
(PENNSYLVANIA) "I gave my dentures an overnight bath and all the stains were gone in the morning... my plates looked brand new."

(OHIO) "I have worn plates many years, and Ora is the most satisfactory cleanser I have found."

Setting a new standard

S.S.WHITE

INTRODUCTORY ASSORTMENT



For Angles only. Handpiece and other styles and sizes will be available when production permits

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Fissure, Flat End No. 59
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OVER A CENTURY OF SERVICE TO DENTISTRY

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Carbide BURS

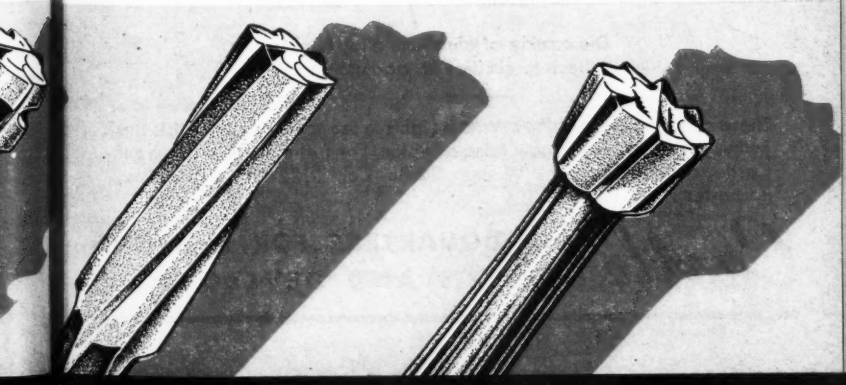
Heads of cemented tungsten carbide
Shanks of "Revelation" quality bur steel

Outlast steel burs many, many times

Cavity, crown and bridge preparations made quickly with minimum effort and greater convenience.

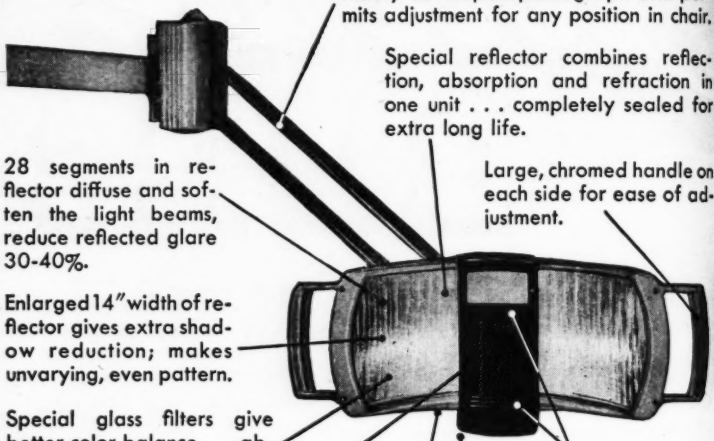
For use at high speed, with light direct pressure. Avoid leverage; do not push Carbide Burs.

COOL-CUTTING • LONG-LASTING • ECONOMICAL



Here's why *Castle* means LEADERSHIP IN LIGHTING

PANOVISION FEATURES:



Newly developed pantograph arm permits adjustment for any position in chair.

Special reflector combines reflection, absorption and refraction in one unit . . . completely sealed for extra long life.

28 segments in reflector diffuse and soften the light beams, reduce reflected glare 30-40%.

Large, chromed handle on each side for ease of adjustment.

Enlarged 14" width of reflector gives extra shadow reduction; makes unvarying, even pattern.

Special glass filters give better color balance . . . absorb infra-red to keep light beams cool. Excellent for color matching.

Two X-Ray card viewers, for full mouth and single film mounts.

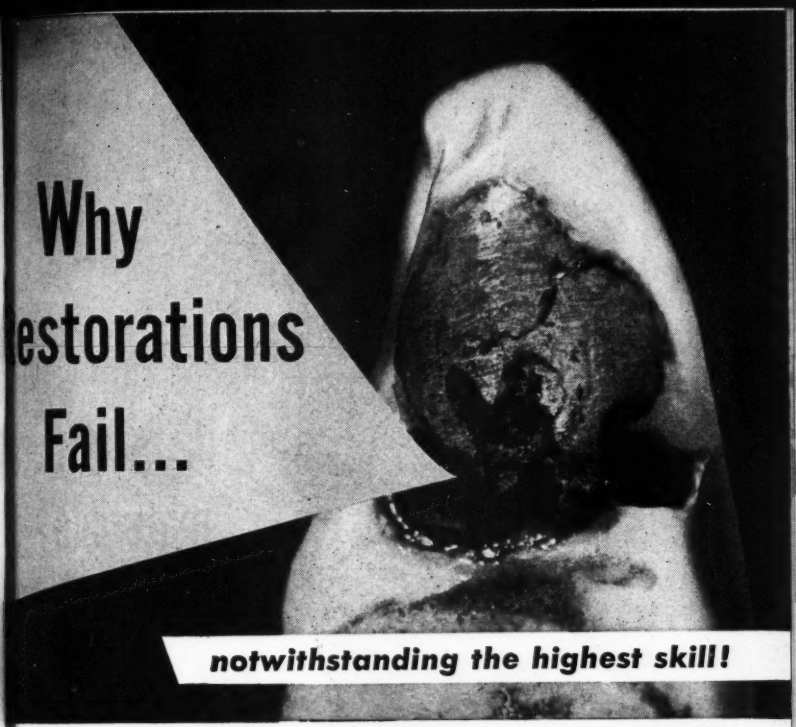
Projection type bulb, (125 W., 600 hours) provides glareless high intensity light in the mouth.

Cover lifts for quick replacement of bulb . . . which lasts for months.

Die casting of aluminum alloy houses reflector, cradles it against shock.

There are thousands of PANOVISION Lights in use today and dentists are enthusiastic about their new ease of vision. For further details see your Castle dealer or write: Wilmot Castle Co., 1122 University Ave., Rochester 7, N. Y.

Castle **HEADQUARTERS FOR LIGHTING DESIGN AND DEVELOPMENT**



NOT A GOLD FOIL · COURTESY DR. B. H. DUNMIRE.

here is the reason — (1)

Failures of restorations, experience shows, are of two general kinds: (1) those from limitations of the operator, and (2) those from limitations of the material. The former are preventable, but no amount of skill can compensate for weaknesses *inherent* in the material.

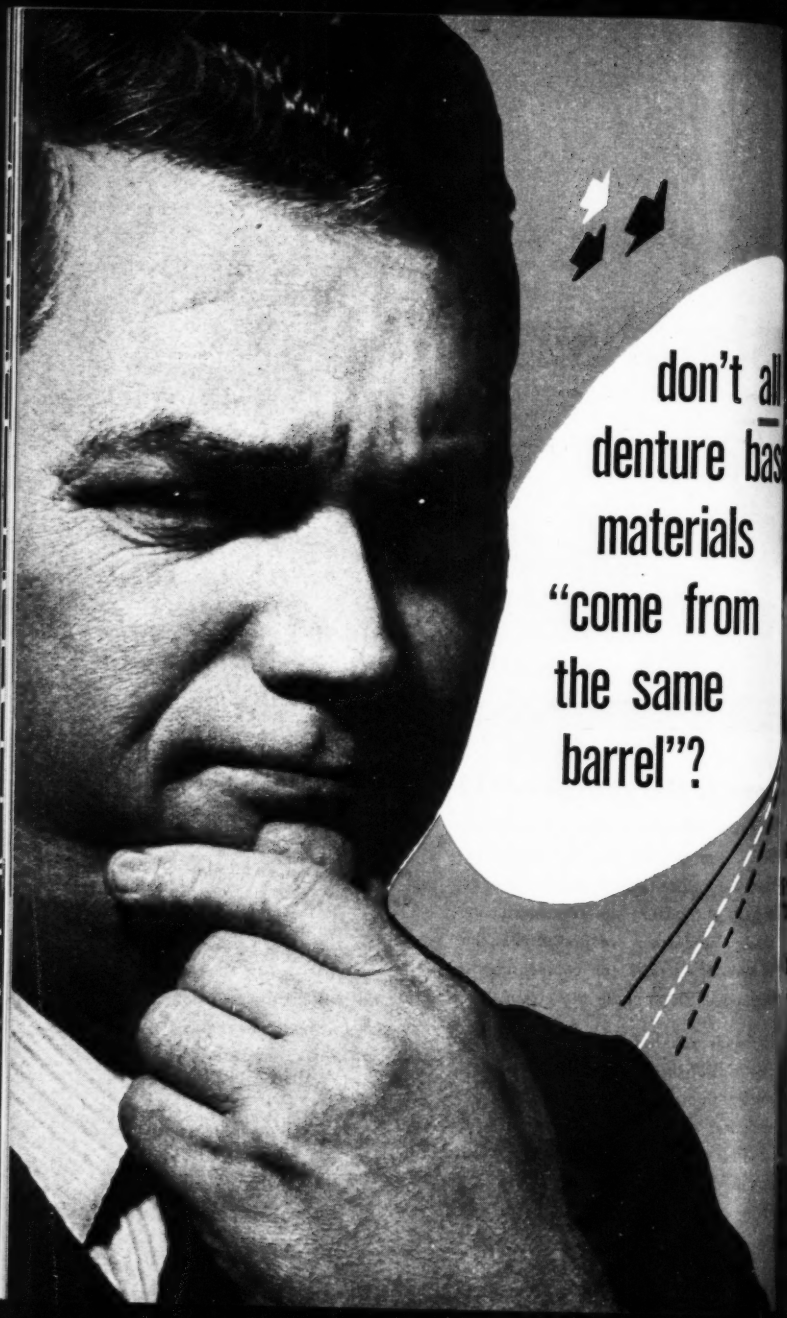
One such weakness is *destructibility in the fluids of the mouth.* Unless the material is impermeable to moisture and to microbes, as well as capable of withstanding the action of the fluids of the mouth unimpaired, any restoration is obviously doomed to premature failure.

But no such weakness can cause the failure of a Gold Foil. Being thoroughly impermeable, as well as absolutely insoluble and non-oxidizable, a Gold Foil neither disintegrates nor discolors. It could remain unaltered in the fluids of the mouth even for a thousand years!

Would you like information about this wonderful material *regularly?* Simply mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 3, Pa. — Established 1820.

Only a GOLD FOIL MH

doesn't really let you down!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denture bas
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"come from
the same
barrel"?

Many dentists think so, but — only one material can offer all these proofs that it does not come from that "same barrel" . . . This material can be proven to have the color particles locked in . . . This material can be proven to have better flow . . . This material can be shown to have a unique variegated tissue-like tone . . . It can be demonstrated that it requires no time-consuming stirring to get a uniform mix of the powder and liquid.

Loktone is the name of this remarkable material and it has many other arresting features. It has that high quality and dependability that thousands of dentists all over the world have come to associate with any product sponsored by Myerson Tooth Corporation.

For complete information, write for the interesting booklet "LOKTONE IS DIFFERENT"

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With water-sprayed grinding wheel for trimming models quickly and neatly.

The TORIT Model Trimmer was the first practical instrument of this type to be offered to the dental profession. Its cleanliness and speed of operation made it an immediate success.

Today the TORIT Model Trimmer, embodying improvements developed through its years of service, is still the favorite in thousands of dental laboratories for it saves time and trims models better than is possible by any other method.

The TORIT Model Trimmer has a large grinding surface, efficient water spray and a spacious reservoir. Grindings and waste water escape quickly and working edges are kept clean. Extra work rests are supplied for grinding overcuts and undercuts.

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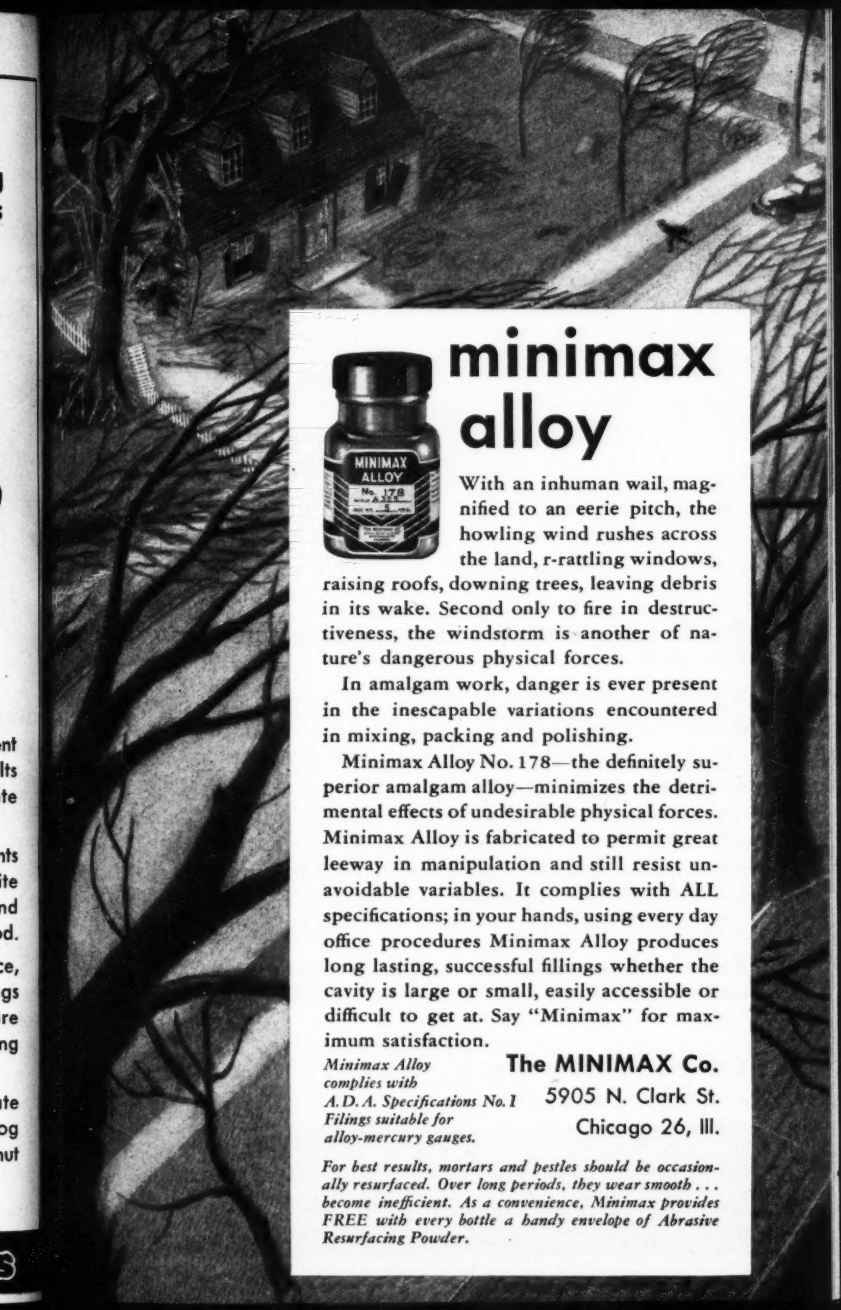
Torit Dental Products



minimax alloy

With an inhuman wail, magnified to an eerie pitch, the howling wind rushes across the land, r-rattling windows, raising roofs, downing trees, leaving debris in its wake. Second only to fire in destructiveness, the windstorm is another of nature's dangerous physical forces.

In amalgam work, danger is ever present in the inescapable variations encountered in mixing, packing and polishing.

Minimax Alloy No. 178—the definitely superior amalgam alloy—minimizes the detrimental effects of undesirable physical forces. Minimax Alloy is fabricated to permit great leeway in manipulation and still resist unavoidable variables. It complies with ALL specifications; in your hands, using every day office procedures Minimax Alloy produces long lasting, successful fillings whether the cavity is large or small, easily accessible or difficult to get at. Say "Minimax" for maximum satisfaction.

Minimax Alloy complies with A. D. A. Specifications No. 1 Fillings suitable for alloy-mercury gauges.

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FIRST NON-PRECIOUS ALLOY FOR CAST FULL AND PARTIAL DENTURES.

Formulated as a better alloy for one-piece cast partial dentures, VITALLIUM soon became the accepted standard by the dental profession—the position it still pre-eminently holds. Surgeons too have recognized the unique qualities of the "Miracle Alloy"—the original development of Austenal Research—and Vitallium surgical appliances are likewise the accepted standard in surgery. Vitallium is the *only* dental alloy with this record of prosthetic accomplishment.

FIRST IN PROFESSIONAL ACCEPTANCE—BOTH IN DENTISTRY AND SURGERY.

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ENHANCE Your Practice with VITALLIUM and the Advanced Materials and Techniques provided by the Austenal Research Organization.

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VITALLIUM—The original and *best* cobalt-chromium alloy.

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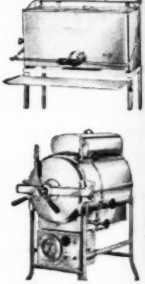
Portable Sterilizers, 8 to 20 inches, automatic or manual control, bright or satin chrome finish.

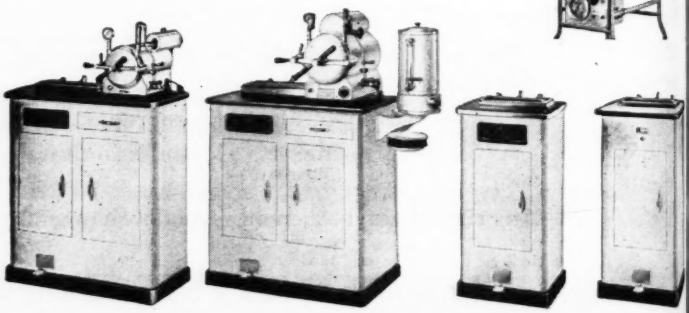
Cabinet Models featuring enamel or laminated tops, with or without timer, double or single door . . . all with interior illumination.

Autoclaves with selective temperature control at no extra cost.



Water Sterilizers in 2- and 5-gallon sizes.

Price conscious or luxury minded, your logical choice is PELTON. *Write for complete details.*



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His Majesty, your Patient, will find greater comfort and satisfaction in the restorations made from the impressions you take with COE-LOID POWDER. This fine alginate hydrocolloid registers microscopic detail of teeth and tissue. It enables you to achieve the highest degree of accuracy in your single tooth, partial, and full denture impressions.

Restorations *fit* when you use this outstanding elastic impression material. It's pure. It's smooth and creamy. It's strong; will not slump away. And it is simple and easy to use; requires *no* special equipment. For convenience and economy ask your dealer for the king-size, 12-unit package of Coe-Loid Powder.

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The nicotine and tars trapped by Denicotea *never reach* the oral cavity. Moreover, the smoke is cooled in passage. *Thus cigarette stain and gum irritation are effectively reduced.*

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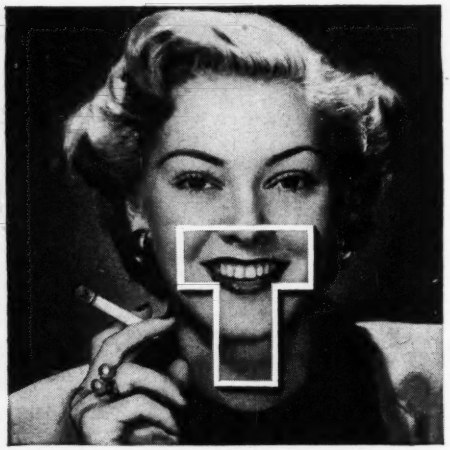

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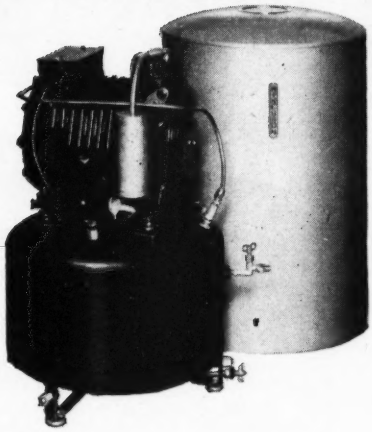

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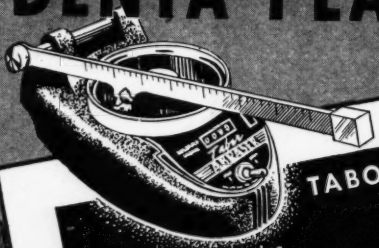
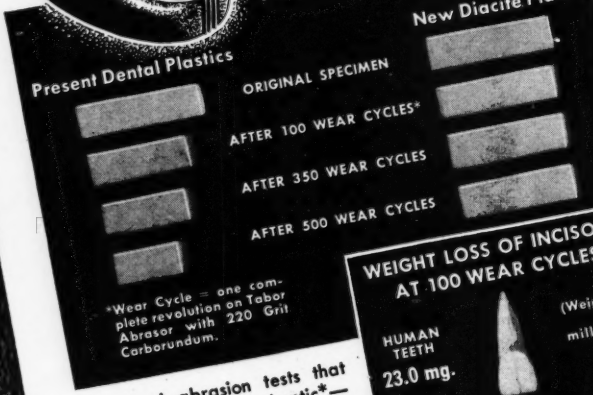


TABOR "A-HARDNESS"



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*Send for test data and Diacite paper.

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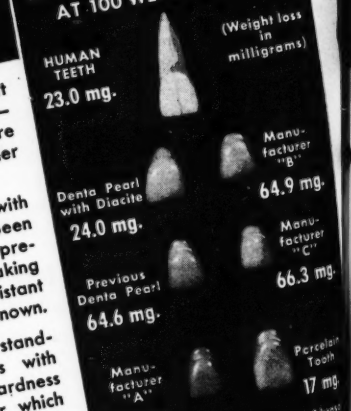

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VOL. 39, NO. 3

Oral HYGIENE

MARCH 1949

Circulation more than 70,000 copies monthly

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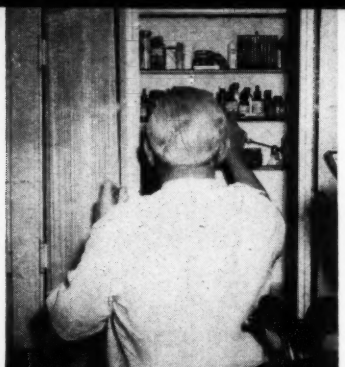
Picture of the Month

THE PERSONNEL engaged in the fifteen-year study of the effect of fluorine in the communal water supply of Evanston, Illinois, on the dental condition of school children. From left to right: O. E. Jelinek, D.D.S., research investigator; Miss June Kelly and Mrs. Tamara Schmid, x-ray technicians; Mrs. Grace Bonney, Health Department nurse; Iden Hill, D.D.S., research investigator; Mrs. Opal Drieske, secretary.—*Photograph by C. A. Thorsen, D.D.S.*

Ten dollars will be paid for the picture used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*



A cabinet behind the dental chair prevents provoking delays.

"Lay That Temper Down, Doctor"

BY WILLIAM ROY EBERLE, D.D.S.

ABOVE THE whine of a laboratory motor boomed the voice of Doctor Purturbd, "Grayce! Hasn't that blankety-blank laboratory showed up yet with Mrs. Weymouth's teeth? She has been waiting an hour and they promised them at four o'clock."

A few minutes later a rattle-bang-bang in the laboratory was a fanfare for more cussing. "Grayce! See if you can find this blasted inlay. Look under the radiator and behind the gold bench. Good gosh! Bad luck always strikes at the wrong time. I'm running late and this is lodge night!"

In the reception room Mrs. Weymouth exchanged uneasy glances with two patients who had been waiting fretfully to be squeezed in for some adjustments on dentures that so far had proved to be something less than useful.

The situation was muddled: "Snafu" as the Air Corps expresses it. Every potentiality existed for someone to blow his top and someone usually did. Display of temper in a dental office undermines confidence, increases apprehension and should be carefully avoided. But how?

A psychoanalyst tells the story of a maladjusted child-patient who frequently flew into a rage and swore profoundly. After several sessions and some study the analyst said to the boy: "There is one thing you must do. You must learn to control your temper!"

"But, Doctor," exploded the boy. "How in the hell do you learn to control your temper?"

The vicissitudes of a poorly managed dental office are capable of breeding chronic irascibility. Tolerance and patience become increasingly difficult as we grow older. Psychosomatic medicine has supplied enough evidence to make one appreciate that temporary loss

Your dental office needs a prophylaxis.

of sanity from anger is a body stress and may be unwholesome.

Philosophies and religions have been formulated on the tenet of the power of mind over matter. Isn't it fully as important to appreciate that matter has considerable influence over the mind and that a prevention of conditions that promote upsets might pay dividends?

A prophylaxis is needed in Doctor Purturbd's office. The events related expose at least six reasons why his office needs a readjustment to safeguard against unpleasant incidents. A dental office prophylaxis involves three divisions:

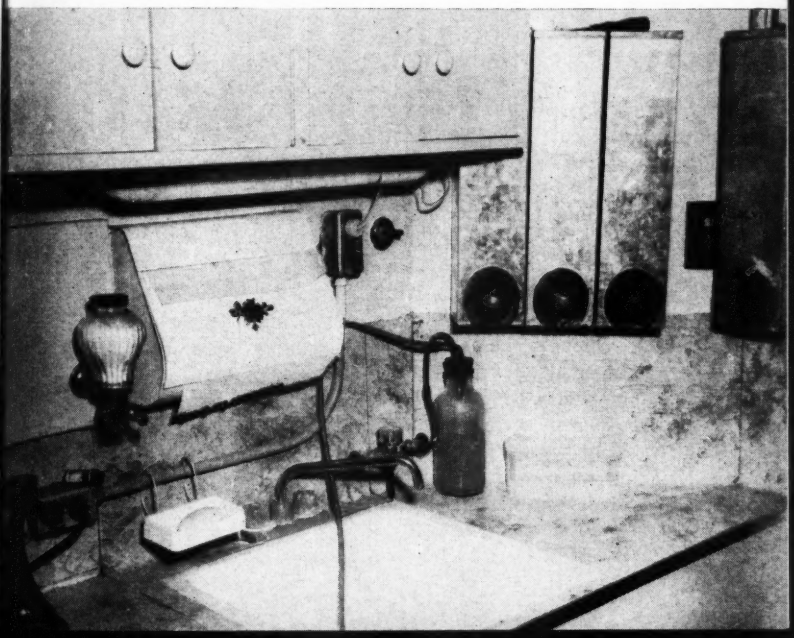
1. Office planning
2. Equipment control
3. Patient control and office management

The first two come under the heading of *neutralizing* the *perversity* of *inanimate objects*. The third could be momentous enough to require the service of a personnel director and a board of strategy.

Office Planning

One of the most trying situations in a dental office is the temporary

This large, enclosed sink with adjacent plaster bins, vacuum connections, wax paper and towel container, and commodious cabinets above, eliminates confusion in the laboratory.



loss or misplacement of teeth, inlays, and appliances. The following provisions have been found helpful:

1. All cabinets, sinks, and radiators should be completely enclosed and flush with the floor.

2. Baffle boards should be constructed behind and between all cabinets.

3. Metal flanges placed around the tops of laboratory benches prevent articles from sliding or rolling off.

4. Boxes in assorted sizes in which all items for a given patient are constantly replaced should be provided until the final moment of cementation.

5. Commodious splash pans should be installed for convenience and safety.

6. Sink drains should be protected with traps made easily accessible.

After such revamping there remains virtually no niche in which the elusive tooth might hide.

Misplacement or poor accessibility of instruments or supplies is another provoking condition. This may be remedied by adequate cabinet space so that at no time will the tops of laboratory benches or operating cabinets be cluttered with a hodgepodge of odds and ends. Cabinets may be constructed above laboratory benches as high as the ceiling where articulators and all equipment may be systematically stored. A particularly useful cabinet is one built on the wall directly behind the dental chair. Within easy reach of the chair, it provides convenient storage for articles like copper bands, medicines, saliva ejectors.

Equipment Control

By equipment control we mean a careful survey of our equipment to reduce delays and irritations.

1. Are the lights modern and adequate?

2. Are all switches positive and in order?

3. Do motors, handpieces, and other articles of dental office

***Doors should be closed at all times so callers cannot walk in and interrrupt the dentist.*—Photographs by Couper Studio.**

equipment give trying moments?

4. Are instruments sharp, modern, and kept in working order?

5. Are plaster and disposal bins in convenient locations?

6. Do you and your assistants keep a "want list" for jotting down needed supplies, repairs, and equipment? (Failure to maintain this feature is a frequent cause of delays and consequent vexation.)

All balky and time-wasting armamentarium is summarily junked. The expense entailed in replacement is neatly balanced by a peace of mind that is passingly understandable by one who loses his temper easily.

Patient Control

Avoiding irritating incidents with patients is the most difficult part of an office prophylaxis because the human element is on both sides of the equation. The project has two phases:

1. What the dentist must do.
2. The assistant's responsibility.

In dentist-patient adjustment the primary effort should be a mutual understanding. All the patients who call upon us for service are not likely to be credit accounts. At the first opportunity a confidential "chat" should be arranged to ascertain the patient's mental attitude, sincerity, and family background. The laws of this country give us the prerogative of sending the patient elsewhere. Half an hour's time spent in some psychic inquiry to uncover a possible neurosis might save many wasted hours and much exasperation later.

Oral and roentgenographic examination with study models complete our diagnosis and the following points should be made perfectly clear:

1. The probable cost of the service with specific mention of extra possibilities or exigencies.

2. The limitations of the service. Understatement and caution are preferred to exaggerations followed by disappointment.

3. That you prefer plenty of time and no dead lines to complete the treatment. (With dentures it is a good plan to call the patient for an appointment *after* they are finished.)

Frankness with edentulous patients is especially desirable. Acquaint them with the fact that the building of a denture is an excursion into the unknown and each case is a personal, individual problem about which there is no sure way of predicting complete satisfaction. In other branches of dentistry explain what you are doing. Mysticism serves no purpose and, instead of discussing some controversial subject such as politics, one should realize that dentistry is a more expedient topic besides being one the dentist is more likely to understand. The more a patient is informed on dental problems, the less chance there will be of a misunderstanding.

Office Management

Delegate to your assistant, or to one of your assistants if you have

more than one, the responsibility of management. The most important part of this responsibility is the duty of "liaison officer" between the dentist and patient. With a skillful combination of tact, firmness, and pleasant personality she must keep the dentist's schedule running smoothly and on time.

The following recommendations will be useful and possibly suggest additional improvements:

1. Appointments should be made for one hour or more except in special emergencies. Consensus of successful men indicates that routinely accepting patients more often than one an hour is not economical.

2. The use of the word "reserved" in speaking of appointments is good psychology. When the dentist wishes more time on a given patient, that patient is impressed with the fact that this time is "reserved" for him.

3. The dentist seldom should be interrupted by telephone calls or visitors while operating. Whether it is a patient or an old friend calling, the standard reply should be, "The doctor is occupied with a patient. Perhaps I can help you or take the message." A diplomatic manager may easily earn her salary with time-saving tactics. One need not be "high-hat" but laissez-faire informality is not good business.

4. Patients should be discouraged from casually dropping in with: "This will take just a minute." Diplomatic explanation should be made that the patient always call first; otherwise the dentist cannot take care of the matter. When one patient is "squeezed in," another one is squeezed out.

5. At no time should doors be left ajar; allowing callers to walk in unannounced and interrupt the dentist.

6. Each day one hour in the schedule should be apportioned for emergencies and adjustments. A recent survey proved that a proper denture adjustment cannot be made in less than thirty minutes. Sandwiching one between appointments is a dangerous traffic violation.

7. A weekly schedule with changes should be posted in the laboratory for prompting on laboratory procedures and as a check for the dentist.

8. Late arrivals as a rule should be given new appointments. This is good discipline. Time lost by delayed routine is difficult to make up.

Impartial observance of office regulations will command the respect of the patient who can afford to pay good fees. Instead of being disgruntled by having to conform to the rules, people whose time is valuable quickly realize the fairness of a well-conducted office since they in turn are not kept waiting by some other person. Some men might feel that such lack of indulgence will turn away prospective patients. On the contrary, a

desirable patient will be attracted by a well-conducted office.

It is fallacious to believe that a reception room filled with waiting patients will impress the public with one's importance or the magnitude of his practice. More often the impression gained is that of poor management.

Discarding A Patient

Despite careful culling, we all acquire occasionally a patient who may best be described as a pest. What there is about the person which may be irritating is not always possible to define. But there it is. It may be simply a clash of personalities, complicated by the patient's inability to see any point of view except his own. This unfortunate attitude leads to constant fault finding and complaint. When such conflict reaches the stage where attending the patient is irksome, it is best that with as much subtlety and tact as possible the person be dismissed. Since it is apparent that one's best efforts could not be given to such a patient, this course is fair to him and a blessing to the dentist.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by William Roy Eberle, D.D.S., has won the $100 ORAL HYGIENE *award for the best feature published this month.*

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

The original Greek root word "prophylaktikos" meant guard against. In the conduct of our office we must guard against the theft of our nervous energy. Certainly we "stew in our own juice," and it is most important that we set up proper precautions against the dissipation of that energy through loss of temper.

We all admire the man who seems to saunter serenely through life. It is quite possible that the majority of those who have that envied poise were not born with it but have acquired it by correct thinking and planning.

1525 *East 53rd Street*
Chicago

THE COVER

THIS MONTH we dedicate our cover to the Wisconsin State Dental Association whose annual meeting will be held in Milwaukee, April 19-21. The photograph is a striking view of downtown Milwaukee.

Dentists in the NEWS

New York (New York) Times: Doctor Russell A. Dixon, the first Negro to be chosen President of the Pan American Odontological Association, was installed recently by the retiring President, Doctor Walter H. Wright, Dean of New York University College of Dentistry. The ceremony took place at the annual dinner of the Association at the Hotel Statler, New York City.

The new President is Dean of the Howard University College of Dentistry, Washington, D.C., and is a consultant to the Dental Division of the Veterans Administration. He will serve in his new office for one year.

The Pan American Odontological Association has 125 members in the United States and affiliated chapters in Central and South America. Its purpose is to bring about interchange of views and methods of practice between dentists in the Western Hemisphere. Each year it awards scholarships to Latin American students to take postgraduate courses in the United States.

Columbus Ohio State Journal: A victim of poliomyelitis, Robert Quigg, was aided by his dental school associates recently when he received from them a check for $650. Quigg was a student in the College of Dentistry at Ohio State University until last summer when he was stricken with poliomyelitis.

A war veteran, the young student's subsistence allowed under the G. I. Bill of Rights for himself, his wife, and their 20-month-old son was discontinued when he was forced to leave school because of his illness. The purse given by the faculty, students, and others associated with Quigg at the Dental School will be used to provide living needs for the veteran's family.

New York (New York) Times: A New Zealander, Doctor Cyril D. Marshall-Day, has been appointed Dean of the Tufts College Dental School, Boston, Massachusetts. He was Director of Research in the Eastman Dental Dispensary, Rochester, New York, and Professor of Clinical Dentistry in the School of Medicine and Dentistry of the University of Rochester before becoming Dean. He also was formerly Dean of Dentistry at the University of Punjab, Lahore, India.

Doctor Marshall-Day is an authority on the relation of dietary deficiencies to dental defects and has conducted surveys on the prevalence of various dental diseases.

Memphis (Tennessee) Commercial Appeal: At a ceremonial dinner held recently, the Richard Doggett Dean and Marguerite Taylor Dean Honorary Odontological Society was inaugurated to honor two distinguished Memphis dentists. Doctor Richard Doggett Dean is Dean of the University of Tennessee College of Dentistry, and his wife, Doctor Marguerite Taylor Dean, is an Associate Professor. The two dentists have been associated in the practice of dentistry, in dental education, and in scientific research for more than twenty-five years. They are well known for their efforts in bacteriology, serology, immunology, and oral pathology.

The purpose of the society is to encourage good scholarship and the highest

ideals of human attainment among undergraduate students.

Milwaukee (Wisconsin) Journal: Doctor T. L. Gilbertson recently had a surprise visit from a Milwaukee policeman who handed him a check for $50 even though he was not a dental patient.

The Milwaukee police department received a letter from a woman in California enclosing the check and explaining that she had left Milwaukee many years ago without paying her dentist's bill. She asked that the police locate her dentist, Doctor Gilbertson, and make the payment.

Doctor Gilbertson did not remember the woman nor the debt, but the check, nevertheless, was happily received.

Orangeville (Ontario) Banner: A twelve-passenger cruiser, the "Beejie," is the result of two-and-a-half years of labor by Doctor J. N. Evans, Orangeville dentist. Doctor Evans spent his spare time, holidays, and Sundays working on the plans and construction of the cruiser which was started in 1946. The "Beejie's" hull is built of cedar and the cabin and remaining structure of mahogany. The trim is in chrome. The power for the cruiser comes from a powerful marine engine which permits cruising of over 15 m.p.h. and a top speed in excess of 35 m.p.h.

Chicago (Illinois) Daily News: After seventy-two years of married life, Doctor F. L. Fancher, Racine, Wisconsin, dentist, offers this advice to young husbands:

1. Give your wife all the money she wants to spend.

2. Buy her a new dress from time to time.

Doctor Fancher, who practiced dentistry until a year ago, is 96, and his wife is 94. Besides being a dentist, Doctor Fancher holds degrees as a physician, pharmacist, and optometrist. He still drives his own car and last spring enjoyed his first plane ride.

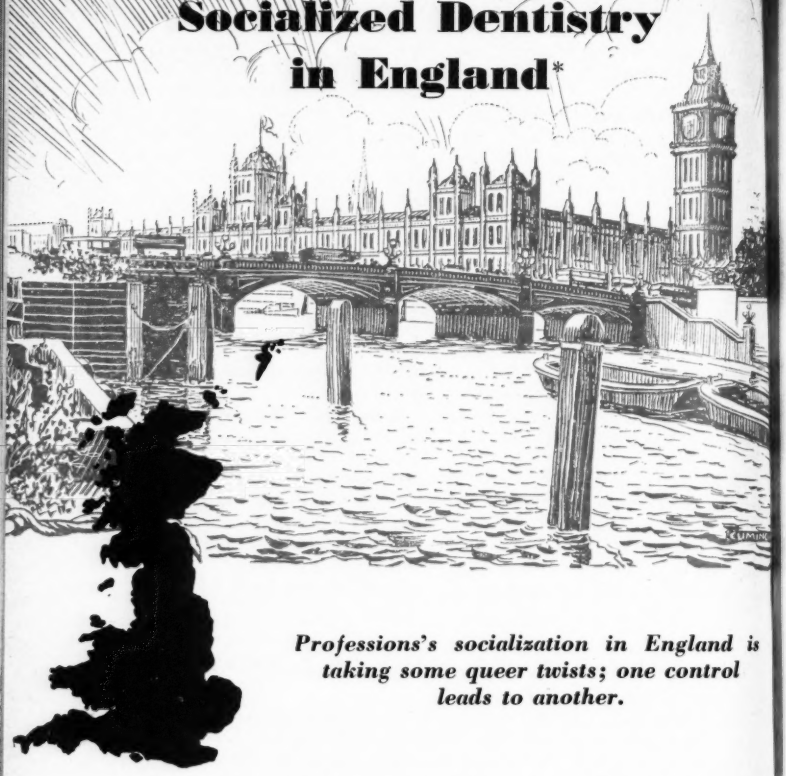
This month's awards for items published in DENTISTS IN THE NEWS were sent to the following:

A. E. Atkinson, D.D.S., 1364 Fillmore Avenue, Buffalo 11, New York.
Esther Schuland Manz, 1448 East Seeley Street, Milwaukee 7, Wisconsin.
Theodore Katz, D.D.S., 2802 Grand Concourse, Bronx 58, New York.
Ben A. Jarrett, D.D.S., 204 South Main Street, Lexington, Tennessee.
Godfrey Schroeder, D.D.S., 636 Church Street, Evanston, Illinois.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Socialized Dentistry in England*



Professions's socialization in England is taking some queer twists; one control leads to another.

BY WILLIAM F. McDERMOTT

AMERICAN DENTISTS and their patients, which includes most of us, ought to be interested in the way socialized dentistry is working out in Great Britain.

Under Britain's socialized health service plan you do not pay your dentist when he renders you a professional service. The dentist sends your bill to the health ministry and that agency of the government pays it.

About nine thousand dentists are enrolled in the plan and some of them are doing well. Of the nine thousand, some one hundred are earning more than $48,000 a year. Between seventy-five and one hundred others are making around $24,000 annually. This is important money in Britain.

*Reprinted with permission from the *Cleveland Plain Dealer*.

Under the old order, the average British dentist earned approximately $8,000 a year, and he had to worry about collecting his bills. Apparently, most of the dentists like the new arrangement. But there is a catch in it.

Aneurin Bevan, the health minister, thinks the dentists are making too much money and he plans to do something about it. He proposes that the government take half of everything a dentist earns in excess of $16,800 a year.

Another health ministry official says a more drastic proposal is being considered. This involves placing an absolute limit of $15,000 on the income of any man engaged in the dental profession. Earnings above that amount would go to the government.

Extensive Control

Here is a neat illustration of the difficulty, or the impossibility, of doing just a little socialistic planning. One plan leads to another. One control breeds a second and the second breeds a third. Restriction follows on restriction and ultimately precious and fundamental individual liberties are lost and man lives in a tangled web of paternalism which has become a tyranny.

British dentists were naturally gratified when the government agreed to pay them fees for dental services which were considerably higher than the average to which they were accustomed in private practice. But what the government gives the government can take away.

You can imagine how the most successful British dentists feel about the government's proposal arbitrarily to cut their incomes by half or two-thirds. If the government so decides, there is nothing they can do about it.

Values Lost

They have lost the values they created by superior skill and enterprise and they have been deprived of an essential liberty they possessed as practitioners in a competitive profession.

The government says the "free" dental service is costing too much. What is meant is that the government planners grossly miscalculated. They figured the dental service would cost $28,000,000 a year. It is costing four times that amount.

Even in this relatively small area of governmental planning, the planners misjudged and fumbled, probably because they did not take ordinary human nature sufficiently into account. When dental service was offered "free" everybody rushed to the dentist's chair; including many, no doubt, who were suffering from a wholly imaginary toothache.

Dentists Rushed

The dentists are swamped. Most of them are fully booked two or three months ahead. Many are refusing new patients because they cannot handle them. All are over-

worked. It cannot be an altogether happy situation for either dentist or patient.

One part of the dental service plan is colliding with another.

The *London Evening Standard* says that public dental service for school children is being wrecked. These dentists are paid a flat salary of about $2,500 a year. The *Standard* says 30 per cent of school dental officers have resigned.

"Why shouldn't they," inquires the newspaper, "when Bevan offers 640 pounds per annum for work in schools or a chance of that much a month?" (under the nationalized health service).

What happens to a foreigner when he is traveling in a country which has a socialized health service and he finds himself in need of medical or dental attention? I read in a London newspaper last summer that foreign visitors would be placed on the same status as British citizens. They would get medical and dental care for nothing, which is to say, at the expense of the British taxpayer.

I suppose there will be no great influx of foreign travelers into Britain who come to have a tooth restored without payment of fee. But the principle involved of giving away to a foreigner a service which has to be paid for by the British taxpayer is illogical and unfair, and if I were a British citizen I should not like it.

EARNINGS OF BRITISH DENTISTS CURTAILED

BRITISH DENTISTS taking part in the National Health Service will have their earnings limited under new regulations announced recently by Aneurin Bevan, Minister of Health. Dentist's earnings will be paid in full up to 4,800 pounds ($19,200) gross each calendar year, but earnings above this figure will be reduced by half.

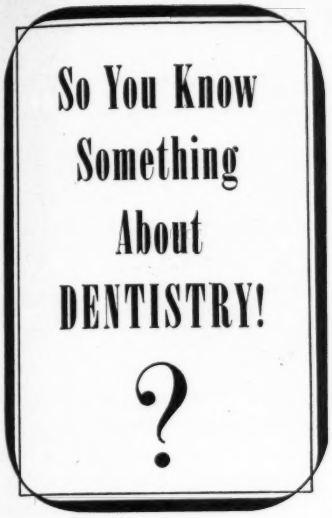
In making the announcement, the Minister recalled the recently published Spens Report, which recommended standard payment to dentists of 3,850 pounds a year based on a thirty-three-hour chairside week. The new rates, Bevan said, take into consideration the heavy demand for dental service under the national plan and allow for a forty-two-hour week.

"Beyond this point,' 'the announcement added, "loss of efficiency must begin to set in."

A short time ago Bevan announced that thirty-four dentists taking part in the scheme had been earning an average rate of 5000 pounds a year gross. He also disclosed that 20 per cent of the dentists in the service were earning at the rate of 4,800 pounds gross a year.

"These are far higher incomes than were ever intended or can be justified," he declared.—*New York Times.*

So You Know Something About DENTISTRY!



QUIZ LIV

1. Which of the following are fissure burs? (a) 556, (b) 558, (c) 600, (d) 560, (e) 701, (f) 57. ----------

2. Which has the greater cleansing properties: tooth powder or tooth paste? -----

3. In alloys containing zinc, moisture causes (a) delayed expansion, (b) no change, (c) delayed shrinkage. -------

4. True or false? Muscular power available for closing the jaws is much less than for opening them. ----------

5. When cutting tooth structure with stones, (a) more, (b) the same amount of, (c) less, pressure is required than when cutting with burs.

6. In mouths partly edentulous over a long period of time, the side having more teeth is used (a) to a lesser degree, (b) to a greater degree, (c) the same as, the side which is partly edentulous. ----------

7. Under federal law, is the sale of aminopyrine and preparations containing it restricted to a prescription order? ----------

8. An inflamed pulp, when the condition is acute, is painful (a) with, (b) without, thermal irritation. ----------

9. If the cement liquid is diluted with water, the setting time of the cement is (a) retarded, (b) hastened, (c) unchanged. ----------

10. Should the diagnosis of fusospirochetal infections be made on the basis of the smear alone? ----------

FOR CORRECT ANSWERS SEE PAGE 394

Fit Your Dentistry into the Patient's Picture

BY LEO B. DILLON, D.D.S.

EVERY PATIENT who seeks your service has in his mind's eye a picture of the service he believes he is to receive. Sometimes he enjoys a pleasant surprise, sometimes he has the correct idea and gets exactly what he expects, while at other times the service is a distinct disappointment to him.

We would be a much happier group if the proportion of our patients receiving a pleasant surprise or receiving the exact service expected were larger, and if the disappointments were reduced to a minimum. Actually, it seems that the larger number of our patients have the wrong picture of service when they first call us. Let's stop for one minute and try to determine how they acquire the impression that is in their mind at present. The picture is the total sum of impressions received from childhood until now from all sources—motion pictures, newspapers, radio, magazines, billboards, personal association with people, and —most important of all—the impressions gained from dentists themselves as well as allied groups.

Improve your dental practice through patient education.

I believe one of the most important phases of successful practice is to see clearly the picture of your service that the patient has in his mind. If it is not the true picture, then you must skillfully and tactfully substitute yours for the one he now holds. If you cannot get your picture instead of his own in front of him, your service to him is a failure no matter how successful you may believe it is.

First Impressions

Let us realize the power of good first impressions. When good first impressions are lost, they are lost forever. Remember, too, just as we scrutinize the patient during his first appointment, he also takes us in in like manner. His picture of us is more important than our impression of him.

Let's try to see what picture he paints of our service first. If he has the real and true one, then our problem is nine-tenths solved. We get his picture by listening to what he has to say and now and then asking well-chosen questions, interspersed with statements that indicate a sincere interest in his case. Usually this encourages the patient to talk, and we sometimes get his entire picture. If the picture is not the true one, we must exercise patience and tact at this point. Do not argue or attempt to correct at any time. Your aim now is to find that part of the picture that the patient has that is correct and to agree heartily with it. Then you start from his position to ask questions and make terse and carefully worded statements to lead the patient by gentle persuasion to hang your picture in his mind and to discard his own false one.

Diagnosis and Treatment

The clearness of the picture of the patient's dental conditions and the program of correction in your mind's eye has a major share in how well you can translate that picture to him. Our first requirement, then, is to study each case individually. We must render the service that will give us all the information required. This study includes clinical examination, digital examination, pulp test, roentgenograms, study cast, and everything that the eye and ear can observe from a careful study of that patient. Now we can put all this information together and see in our mind's eye the picture we wish to produce in the patient's mind. This not only includes the diseased condition present but also the treatment, cure, and all the benefits he will derive both in health and personality.

The first requirement for us to paint such a picture is to be a good dentist. You have to have a picture of good dental service in your mind's eye before you can transmit it to anyone else. Your tools used to paint this picture to your patient are your ideas and words that com-

prise your vocabulary. You must use these tools individually, as each one of us has his own separate tastes and preferences.

Some of you are thinking: "Why bother about all this now? We still have a full appointment book." Let's hope that the number doing this kind of thinking is small.

Events are happening all around us to furnish material for serious thinking for some time to come. The printed word and the spoken word are bombarding the eyes and ears of the public daily telling them they are entitled to your services at a price they feel you must accept. We sit supinely by and let them set a valuation and do little about it. We are going to pay dearly for our smugness if we do not put the true picture of our services into the minds of the public.

Sales Conference

Let me give you in brief what all the other organizations are doing. I attended the Southern States Sales-Distribution Conference in Birmingham. Men with the finest ability in the United States in their particular field were on the program. These speakers talked with candor, conviction, and enthusiasm. Here are a few excerpts from the speeches made:

"There are 60,000,000 incomes in the U.S. Let's get our portions of these incomes . . ."

"Shortages don't seem to dampen the enthusiasm of people to get what they want . . ."

"Talk to people about what they want to hear . . ."

"Remember human values of life and health . . ."

"Don't price yourself out of the market. Raise the volume of your service. Raise the quality of service . . ."

"Sense the mood of your prospect. Unusual things powerize your appeal . . ."

"Create wants for your service . . ."

It seems that these sales conferences are filling the minds of salesmen in every line with the idea that here are 60,000,000 incomes and what they have to offer the owners of these incomes is of mutual interest to both, so it is up to them to get their share. I think they are justified in their thinking. It looks like our thinking is in need of some stimulant such as these men were getting.

"Shortages don't seem to dampen the enthusiasm of people to get what they want."

"Now what they want is not always what they need."

"We must make them want what they need."

Let's apply that to dentistry. Shortage of automobiles is just one of these items that the people want. What they will pay for them is too well known to repeat here. What they have to sacrifice in the way of denial of other purchases that they need to buy those automobiles is a guess and your guess is as good as anybody's.

Are you an order taker or do

you observe and inquire what your prospect's needs are, and interest yourself in his problem so he derives the maximum amount of benefit from your sale?

Don't you believe some of our full appointment books are in the offices of dentists who can be compared to the order-taker salesmen? They render the service that the patient came in to have done and may render other services that strike them in the eye. That is all they do and, to a great degree, the price attraction is what guides many of their patients to the offices. These dentists who take orders from their patients are a potential source of evil to the whole profession and I think are hurrying the day for socialized dentistry. Why cannot we give these dentists the real picture of good dentistry, make them want to produce it, and, in turn, have them paint the picture for their patients and the public.

Family Incomes

Let's look at these 60,000,000 incomes and wonder what is going to be left of them after these salesmen have taken their share. It looks like a gloomy picture to me. Of course, some of these incomes are going to see us before all the different kinds of eager salesmen will reach them. Can we hang in our patients' minds the pictures of buoyant health, personality improvement, appearance enhancement, obtained by dental diagnosis and acceptance of our program for correction? Or will they fall for some of the "ballyhoo" to "keep up with the Joneses"? I wonder.

Here is a warning that some can take in dentistry. Do not price yourself out of the market. Raise the volume of your service. Raise the quality of your service.

As you paint in your mind's eye the value of your service, you should realize fully that as prices rise with you, they fit into a smaller group of incomes. The import of that warning fits your problem as it does all problems. Your practice should be *general.* You should have a service of real merit with a price range to fit all incomes, tastes, and preferences.

Raise the volume of your service by sensible planning that will in no way depreciate the quality of your service. Raise the quality of your service so that it will always reflect the true professional man. His life should be one of constant study and experimentation to produce the best service that his natural ability and mental capacity can produce.

916 *Woodward Building*
Birmingham, Alabama

Let's Speak English

BY STEWART EVERSON, D.D.S.

SOME TIME ago, I attended a party given for a group of dentists. During the evening, one of the men related the following presumably humorous anecdote:

"A few days ago, I told a patient of mine that she would have to have a roentgenographic examination before I could diagnose her case, whereupon she became embarrassed and asked me in an apprenhensive tone of voice, 'Do I have to disrobe?'" There were many guffaws of loud appreciation from those who were listening to the story.

"After I explained to her," continued the dentist, "that I merely meant she had to have all her teeth x-rayed, she looked very confused, 'What kind of an examination did you say before?' I repeated, 'Roentgenographic examination.' Then she became exceedingly indignant and exclaimed, 'Why don't you doctors speak English?'"

I should be curious to know the answer to that woman's question myself. A dentist would not think of speaking Russian or Polish or some other language incomprehensible to his patient, and yet he is often guilty of employing scientific terminology which is equally unintelligible. Why don't we use terms with which laymen

Do you present dental information to your patients in language they understand?

are familiar? Do we use scientific nomenclature for the express purpose of impressing others with our alleged superior knowledge? If so, I doubt if we ever achieve our objective because the means which we employ to make ourselves appear superior, at the same time, serves to make the patient feel inferior.

I believe that the use of terms which convey dubious meanings to the listener do not, as might be hoped, effect a favorable impression. On the contrary, in many instances, they cause him to become suspicious, embarrassed, and resentful. In my opinion, a dentist who discusses anything with a patient in terms which he cannot understand is not only wasting his breath, but is also displaying exceedingly bad manners. We must remember that such words as pericoronitis, dentigerous cyst, and roentgenograph, which are familiar terms to us because of common usage, are entirely foreign to the average layman.

The profession is always stressing the importance of dental health education, but there can be no education unless each dentist is willing to take an active part in the program. The most logical teacher in the dental educational program is the dentist himself because he is best informed in his field and he is in the most favorable position to impart the knowledge necessary for the attainment and maintenance of dental health.

Since the dental welfare of the people is largely dependent upon the pedagogic ability of the dentist, it is his duty to teach the principles of oral hygiene, to stress the benefits derived from preventive care, and to discuss dental problems, in understandable terms, with his patients. In other words, the dentist's obligation to the public extends above and beyond diagnosis and treatment; it is his responsibility to assume the role of an educator if he wishes to help the profession achieve the ultimate goal of universal dental health. The statement received by the patient on the first of the month should be for "Professional and Educational Services Rendered."

We do not want patients who are awe inspired by our vast knowledge of twenty-five dollar words, nor those who are completely baffled by our profound and unfathomable wisdom. We want patients who are well informed concerning the fundamentals of oral hygiene, and those who are grateful for the knowledge we have imparted to them in regard to the intelligent care of their mouths.

If I ever use a scientific term unfamiliar to a patient, and if he says: "Doctor, I hope you get Macracanthorhynchus hirudinaceus*!" I will deserve them.

2007 *Wilshire Boulevard*
Los Angeles 5, *California*

*Intestinal worms.

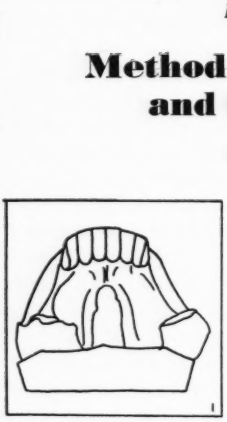
TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

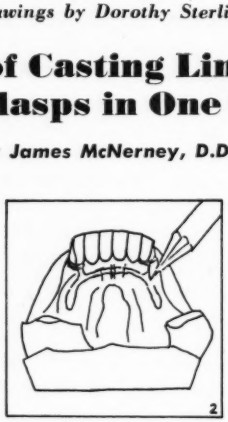
Drawings by Dorothy Sterling

Method of Casting Lingual Bar and Clasps in One Piece

by James McNerney, D.D.S.

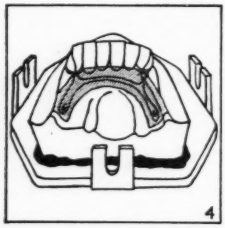


Take impression and pour stone model in the usual manner.

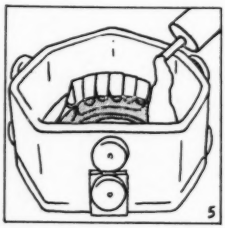


With pencil, outline casting on model.

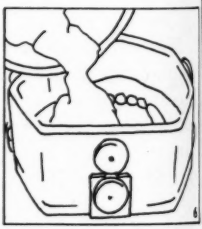
Adapt Kerr's Green Sheet Wax (30 gauge) to the areas covered by lingual bar to prevent impingement or trauma after casting is finished.



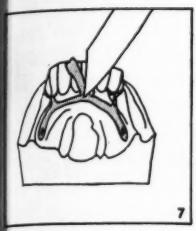
With utility wax, fasten model to base of duplicating flask, and coat model with cocoa butter.



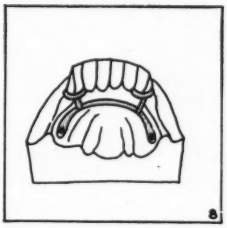
Leaving green wax on model, duplicate with hydrocolloid.



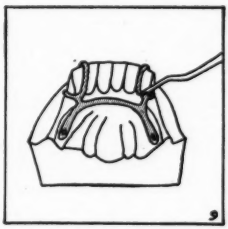
Pour duplicate model in Kerr's Crystobalite Model Investment.



Again place Green Sheet Wax and outline on model, and, from Kerr's Wax Shapes, select clasps and lingual bar shapes to suit case.

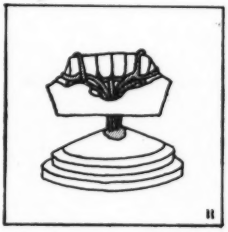


Carve up to desired shape.

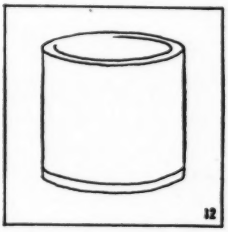


Wax shapes together. Wax all ends together by wax loops. Polish with silk cloth.

Cut hole in base of model and run sprue through bottom.



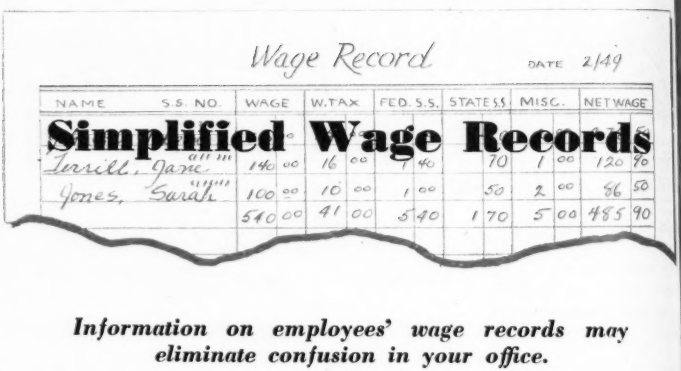
Attach to sprue former. Paint with investment.



Pour investment over model.

Cast and polish.

Readers are invited to submit techniques to this department, and to request techniques in which they are particularly interested. Write to Dr. W. Earle Craig, care ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



Information on employees' wage records may eliminate confusion in your office.

BY BETTY LEE GOUGH

TODAY, WITH dentists responsible for the collection from their employees' salaries of withholding taxes and social security payments, and with assorted state and federal agencies insisting upon an accounting of where your wage dollar was spent, the keeping of accurate, easily found wage and salary records is more than a must—it is a requirement of law.

You need these records for successful operation. You should know—and be able to find quickly—how much you paid out to employees during any given period, and where and to whom the money went. But surpassing even this in importance is the legal requirement of both state and federal wage and tax statutes that you not only keep records, but also maintain them where they are easily accessible for inspection by government representatives.

Actually, keeping such wage and salary records can be exceedingly simple. First, consider what you want to know when looking at the records. They must tell you:

1. The amount of the gross salary, wage, or bonus. (The "gross" figure here is the sum due the employees before you have deducted anything. It is not the net or "take-home" figure.)

2. The amount of the income tax you have withheld from the gross wage.

3. The federal Social Security payments you have taken out.

4. The state social security withheld from the salary. (In some states, this is paid entirely by the employer; in others, it is paid jointly by the employer and the employee. In a few, you are not liable for it unless you hire a certain minimum number of employees. To obtain complete information about this, you should consult the local headquarters of

your state revenue department.)

5. Other withholding items. (Many dentists make a practice of deducting in small amounts for Community Chest, Red Cross, and other worthy causes, as a service to the civic drives and as a convenience for the employees. These sums and any other deductions come under the heading "Other Withholding Items.")

These, then, are the facts that good wage records should tell you at a glance. How can you enter all of these diverse things without getting into complicated accounting?

A simple form can be made up on which you can record all these items. If you keep this record faithfully, you will have a set of wage and salary "books" that not only will tell you all you need to know about the wage items on your profit-and-loss statement, but also will give you the information you must have for filling out quarterly and year-end social security and withholding tax returns.

Wage Record

Here is how it works (and it is as simple as putting your signature on a letter):

In the first column, you enter the employee's name and his Social Security number. It is important to have the number on every pay sheet, because in this way you will always have it handy when you need to look it up for filing returns, or in answer to the government agencies' questions.

In the second column, enter the *gross* amount of the wage, salary, or bonus paid.

In the third column, enter the withholding tax (income tax) you are required to keep back. If you are in doubt as to the amount, consult a handy book of tables that your local Collector of Internal Revenue will be glad to furnish you without charge.

The fourth column contains the sum you have held out for federal Social Security. This is figured at 1 per cent of the employee's pay.

In the fifth column, enter state social security withheld from the pay. In many states, you will have no need for such a column on your pay record, since the state benefits are paid entirely by the employer.

Next, enter in the sixth column any other withholding sums you have kept back from your employee's pay. Red Cross and other contributions come under this heading.

To arrive at a figure for the last column, add together all the deductions—state and federal Social Security, withholding tax, and miscellaneous "other" withholding items, and subtract the total from the figure in column two (the gross wage amount). This gives you the net wage for column seven. This is the employee's net earnings for the period.

Finally, total each column at the bottom of the page.

Some accountants recommend a slight variation of this form. The main difference between the two

forms is that, in the first one which is described here, you enter all the pay-roll items for a given payday on one sheet. Everybody is listed together. In the second variation, all an employee's pay-roll records for a quarter are kept on a page, with a different page being filled out for each employee.

In other words, one system groups together all the employees under a single record which shows the totals you have paid everybody on a single payday. The other wage record gives you all the data on one employee for a thirteen-week quarter (or even for a year, if you want to prepare a fifty-two-week ruled sheet).

Which is better? That depends upon individual preference. Both are handy, simple, workable wage-record systems.

Here is how the second variation works:

At the top of the page, you enter the employee's name and home address and, on the other side of the sheet, his Social Security number.

Then you rule the record sheet in eight vertical columns, with the payday date being entered in the first column. You have omitted the list of employees' names and substituted for it the payday date.

To enter the wage records, you follow the identical procedure you would follow with the first form, inserting the date on each payday. The same form is used for thirteen, twenty-six, or even fifty-two weeks.

It is wise to keep these records. The law requires not only that you maintain the wage records, but that you *keep* them for possible inspection by government representatives. How long should they be kept? Accountants say that you should keep these wage records for as long as you can, and for an absolute minimum of six or seven years.

8131 *Oak Street*
New Orleans 18, *Louisiana*

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LIV

(*See page* 383 *for questions*)

1. All are fissure burs.
2. No essential difference. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 159)
3. (a) delayed expansion. (Miller, E. C.: Clinical Factors in Use of Amalgam, J.A.D.A. **34**:820-826 [June 15] 1947)
4. False—much greater. (Salzmann, J. A.: Orthodontic Therapy Limited by Ontogenetic Growth and the Basal Arches, Amer. Jour. of Orth. **34**:301 [April] 1948)

5. (c) less. (Tylman, S. D.: Crown and Bridge Prosthesis, 2nd Edition, St. Louis, C. V. Mosby Company, 1947, pages 210-215)
6. (b) to a greater degree. (Gillis, R. R.: Determination and Restoration of Denture Space, J. O. State D. A. **21**:123-131 [April] 1947)
7. Yes. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 41)
8. Both. (Whymann, Edward: Drugless Pulpotomy in Adults, Ann. Dentistry **6**:125-130 [June] 1947)
9. (b) hastened. (Burkhart, H.: Synthetic Porcelain, Jour. Canadian D. A. **12**:443-446 [October] 1946)
10. No. (Burket, L. W.: Oral Medicine, Philadelphia, J. B. Lippincott Company, 1946, page 46)

"FOR DOCTORS ONLY"

READERS OF ORAL HYGIENE are familiar with the writings of Francis Leo Golden, D.D.S., which have appeared in this publication. Doctor Golden's recent literary activity is a compilation of humor published under the title FOR DOCTORS ONLY. Get this book if you want some laughs. Give a copy to your medical and dental friends. If you want a literary critic's opinion, here is what Kelsey Guilfoil of the *Chicago Sunday Tribune* says:

"You might as well be told that even if you don't know a tibia from a metatarsal or a laparotomy from a dichotomy, you can easily understand the contents of this book. To put it bluntly, this is a book of jokes. But the jokes aren't blunt. They're just about the keenest and most sharply pointed array of funmakers that has been put together since Joe Miller learned his ABCs. (Aside to Bennett Cerf: no, I haven't forgotten your rich collections of anecdotes, many of which are superior to anything in Doctor Golden's collection. But I find the laugh content of FOR DOCTORS ONLY somewhat higher than that of SHAKE WELL BEFORE USING, your latest output of jest-so stories.)"

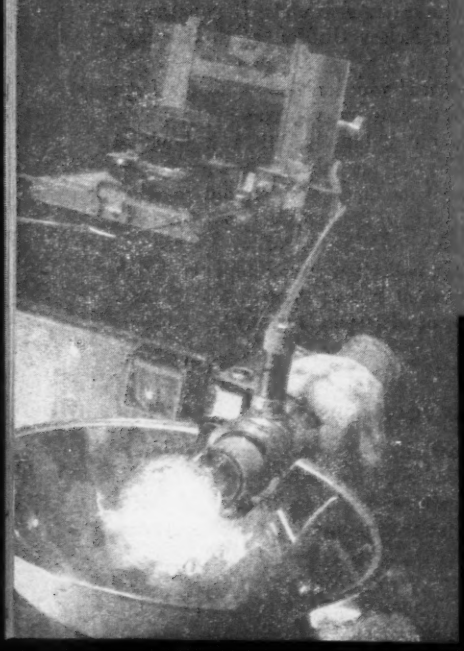
WHEN YOU CHANGE YOUR ADDRESS

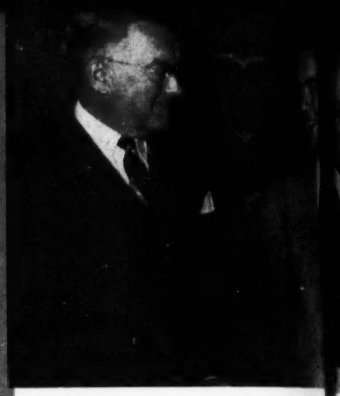
WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

Portraits and Profiles

Of American Dentists

By Howard A. Hartman, D.D.S.



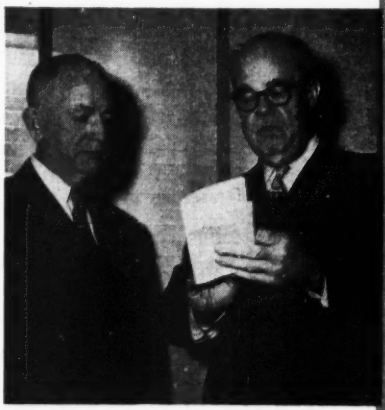


Morton H. Mortonson, Sr., and Mo ton H. Mortonson, Jr., who practi dentistry together in Milwauke Wisconsin.

★

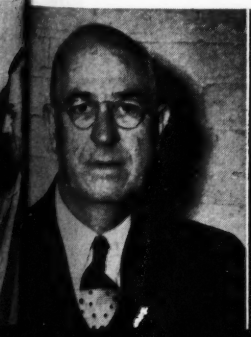
Left to right: Wallis D. Caswell St. Petersburg, Florida; J. S. Mc Kenzie, Miami, Florida; and Robert L. Dement, Atlanta, Georgia members of the Southern Academy of Periodontology.

Above (Left to right): Carl J. Mess, W. W. Wyman, and J. Walter Bernhard, Past-Presidents of the District of Columbia Dental Society.

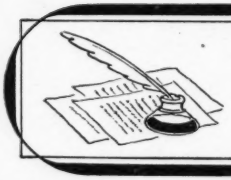


Right: A. J. Wimberly, of Sweetwater, President-Elect of the Texas State Dental Society; and Willard Ogle, of Dallas, Editor of The Journal of the Texas State Dental Society *and Trustee of the American Dental Association.*

Below: James R. Cameron, Professor of Oral Surgery, Temple University School of Dentistry, Philadelphia.



Below (Left to right): J. R. Adams, J. D. Baird, and B. O. Black, all members of the Toledo, Ohio, Dental Society.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

HOW DENTAL CARE DIFFERS FROM MEDICAL CARE

BEFORE WE become too deeply involved in the debates on federal health service, we must make clear in our minds and the minds of the public the differences between dental care and medical care.

First, virtually all people have dental disease and are in need of dental treatment. With the exception of those who are using full dentures and a few who are immune to dental disease, *every adult in the population* is in need of dental treatment.

Second, the treatment needed by these adults would cost an average of $50 each and would require five or six hours of treatment by a dentist. This fact has been established by statistical studies made in a large group of industrial workers.

Third, only dentists, by direct personal service, can treat dental disease in adults. Group therapy cannot be used. Vaccines, serums, the newer antibiotics, and other chemical agents are not useful in the treatment of ordinary dental diseases. The function of auxiliary personnel such as that represented by nurses in treating systemic diseases cannot be used in treating dental disorders. Although laboratory technicians, dental hygienists, and dental assistants are important in dental practice, these people do not treat caries or periodontal disease.

Fourth, the insurance principle cannot be used to cover the cost of dental care. The insurance principle is a method of pooling resources and spreading risk among groups of people and over periods of time. The insurance principle does not apply when more than 90 per cent of the policyholders become immediately eligible for the benefits. This is the case with respect to dental disease in adults. Fire, accident, life, hospital insurance are all voluntary forms of insurance and are effective only because at any given time a relatively small number of policyholders become beneficiaries. Dental disease among adults is not an insurable risk

because more than 90 per cent of the population could claim benefits immediately.

Although there are fifty-two million persons at present enrolled in *voluntary* prepayment medical and hospital insurance plans, there are no voluntary prepayment dental programs. The reason is apparent: The cost of dental "insurance" would be prohibitive. The poor risks, those in need of extensive dental treatment, would enroll; others in a more favorable dental condition would not. No insurance can be selective. It must cover a large group. Despite the size of the group insured, the potential of demand for dental care would still be 90 per cent. If the cost of administration is added to the service charges, it is apparent that the cost of a dental insurance program would be excessive and would represent no saving to the average adult patient. A writer for the *Chicago Daily News* reports, "Estimates are that, with dental care included, a total of $192 a year in taxes would be paid for each person covered by national health insurance. The incentive to get one's money's worth would be keen."

The advocates of a compulsory insurance health program have confused the dental problem with the general problem of medical care. It is now time for the dental profession to make plain to the public that their dental needs cannot be met by using either the voluntary or compulsory insurance principles.

A government-subsidized dental treatment program for adults would, therefore, be financed from general tax funds and not from an inadequate social insurance fund. No government program can promise complete dental care for adults for these reasons: The cost would be prohibitive and the personnel is not available to supply the services. Whoever makes such a promise to the public is, to put it gently, extending a falehood.

In our appearances before congressional committees, social security administrators, and representatives of the public, we must make the point emphatic that the adult in the population cannot be given complete dental care under either the insurance or the subsidy principle. So far as dental disease is concerned, in a federalized health program, treatment for the adult should be ignored and our efforts directed exclusively toward preventive care for the child.

Edward J. Ryan

What's All This About Autonomy?

BY FLOYD L. PAYNTER, D.D.S*

AUTONOMY IS THE power, right, or condition of self-government. It is appropriate at this time to call the attention of the profession to the subject of "autonomy" for Army dentists. This definition is an American approach to any subject. Certainly one of the purposes of studying for a professional career in college is with the idea of being your own employer. There were about twenty-two thousand dentists in Service during the last war. This is almost one third of the entire American Dental Association membership. Ask the Service dentist who has returned to private practice about some of his experiences.

It should be understood easily why the Dental Corps should have autonomy. In the first place, dental officers are the ones who should recommend promotion or demotion of personnel. There have been many instances of dental technicians not receiving their proper ratings because other men in the

*Chairman, Nebraska State Military Affairs Committee.

Military Affairs Committee Chairman discusses autonomy for the Dental Corps.

Medical Department were given ratings and, because of the Tables of Organization, there were no other vacancies. If this matter had been left to the decision of the dental surgeon, the dental technicians would have received their proper ratings.

The Quartermaster Corps is responsible for laundry work, baking and food supply items. All of these, and other responsibilities of the Quartermaster Corps, are undeniably health measures and they are not under Medical Corps domination. The Engineer Corps is responsible for the water purification and storage, yet they are self-governing. In field troops, the head of each group is on the Commander's special staff. They consist of commanding officers of other Army organizations such as the Engineer Corps, Quartermaster Corps, Chemical Warfare Service, and the Medical Corps.

Dentistry at its present stage of development surely must have senior officers whose mature judgment is of great value to a commander. How can a soldier, even if he is an expert, be on the line in a shooting war with a raging toothache or infection in his mouth and be expected to function perfectly? No one but a dentist can treat or forecast treatment for this man to keep him out of difficulty and available for combat duty.

Without a doubt, if left to their own devices, the Dental Corps would institute modern diagnostic aids such as full-mouth roentgenograms for all enlistees, hospitalization for all patients with Vincent's infection and for many with parodontitis. Surely these people could be cared for more adequately and be restored to permanent dental health if treated in dental hospital wards or clinics operated by modern dental operators.

Routinely the Medical Corps officers were required to check over all Dental Corps records and reports. This could be all right, but it was our opinion during the war that the medical officers did not know what they were checking over and cared even less. I have been told that Dental Corps officers on duty on ships sometimes were subjected to difficult conditions by the Medical Corps officers on duty with them. In some cases the dental officers were forced to appeal to ship commanders who, if they were understanding of the unjust manner in which Medical Corps officers were dominating a department about which they knew nothing, directed the medical officers accordingly.

The Medical Corps makes use of such up-to-date procedures as roentgenography, electrocardiography, physical therapy, blood tests, and transfusions. Surely the Dental Corps could be used to greater advantage than in the "amalgam-line"

system of restoring teeth that prevailed during the last war. There must have been terrific pressure on our own dental senior officers who as dentists insisted on quotas on the "amalgam line." An operator was judged by his totals and not necessarily by the thoroughness of his operations.

Perhaps the other two thirds of the American Dental Association does not know that the medical officer of a group, whether it be a regiment, division, army, hospital, or post of any size, is in charge of Dental Corps operations. For instance, a young Lieutenant or Captain recently graduated from medical school could find himself with a senior Major or Colonel of the Dental Corps on his hands. Many of these Dental Corps officers had been hindered for years, up to the last war, from getting promotions because of unfair Tables of Organization. However, regardless of rank, whether the dental officer was a Major or Colonel, the young medical Lieutenant or Captain would be the commanding officer. Can't you see the embarrassment that this must have caused our Dental Corps officers?

It is said that the Army Dental Corps is not cooperating with the profession in demanding improvements in Dental Corps administration. Those of us who have been in Service can realize, of course, how those officers could be hamstrung by the "brass" in the Medical Corps. When an officer is on active duty, any letter to the outside, whether it be to a newspaper, magazine, or organization, must go through channels. What finally gets through channels, of course, has been thoroughly sifted. Therefore, it is up to us in the American Dental Association to do something about it, even to appealing to the public if necessary, in order to make possible better dental service to the sons and daughters of our citizens when they are called into the Service of our country.

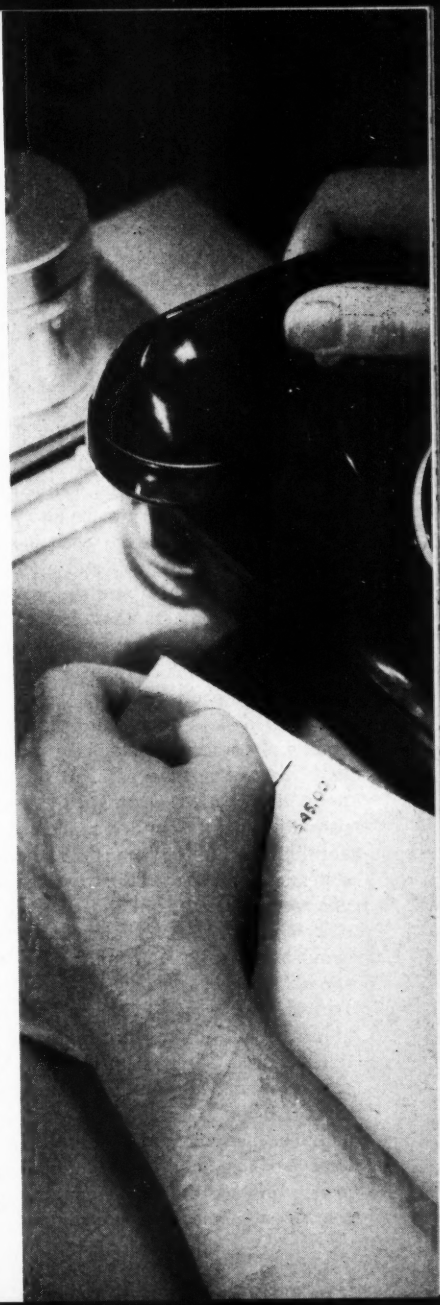
The new Army regulation[1] is a big step forward. However, proper legislation through the Congress is necessary to correct this great evil of subordination of the Dental Corps. Regulations can be changed at will, and too often they are overlooked entirely. Until the day the Dental Corps in the Services of our country have complete autonomy and are able to walk hand in hand with the Medical Corps in keeping Service people physically healthy, the American Dental Association should continue to work for complete autonomy.

[1]Statement by Carl O. Flagstad at the Army Dental Conference, Washington, D.C., August 8 and 9, J.A.D.A. **37**:446 (October) 1948.

607 *Medical Arts Building*
Omaha, Nebraska

Try This On Your Deadbeats!

BY W. A. MORIN, D.D.S.



HAVE YOU given up hope of hearing from those patients who have owed you considerable sums since the year before last or longer? The years can add a substantial sum on the debit side.

You are familiar with the monthly procedure consisting of the sequence of gently persuasive notes mailed out with the statements, followed after a time by the ominous, threatening letters. These last serve rather to alienate the patients than effect the desired results.

Today you cannot frighten people into paying their bills. Resorting to the law is distasteful. You must appeal to their sense of justice and fair play. No written approach is effective for accom-

You may be able to collect your unpaid accounts by following this procedure.

plishing this purpose. A notice can be discarded easily if Mr. Brown has been in the hospital or is on strike or is now paying alimony, and for many more good reasons. Few patients will call to explain their delay in paying. It remains for us to take the initiative.

With some trepidation I called the first patient on my list. This patient had an unpaid balance of $105. Over the telephone I said: "Good afternoon, Mrs. A. This is Doctor Morin———." A long pause followed which Mrs. A. filled most adequately. She was so sorry she did not get in touch with me sooner. She had been ill and after a few months had elapsed she was ashamed to come to the office. I said I was sorry to hear she had been ill, that I was calling because I feared that she was not completely satisfied with the dental treatment and I wanted to make certain that this was not the case. At this point the patient expressed appreciation for the service, made an appointment to pay part of the statement, and begged the privilege of resuming treatment.

This was easy. A friendly chat, a sympathetic word, and perfect response. It seemed almost too easy. I proceeded to the next name.

Mr. B. had not paid for his partial denture. I repeated the procedure of pausing after naming myself. This psychology is excellent. The patient is put on the defensive since he sees the unpaid bill in his mind the moment he hears your name and immediately he attempts to justify himself. "Gosh, Doc, I just haven't been able to get that sum together; we've just bought a house and it seems that there is little left when the monthly notes are met."

I replied: "This is not the prime purpose of my call, Mr. B. Upon checking your treatment chart, and having had no word from you in all these weeks, I feared that you were not completely satisfied, and I wanted to be sure that this was not the case. I am interested in knowing that your denture is comfortable and that it pleases you in every respect; otherwise I should want you to come in for further adjustments."

Mr. B. now reaffirms his appreciation for the excellent treatment; invariably he adds that he will be in soon to take care of his bill. At this point it is wise to say: "May I expect you Saturday at 2:00? I shall reserve some time, and we can straighten this out in a way that will be easy for you. At the same time you may have your denture polished and checked." Making a definite appointment is preferable to accepting a promise "to come in sometime."

These examples are typical of all the patients I telephoned.

The next important step is the visit. I follow a procedure at this point that was suggested to me in an excellent business course. It is a contract system. The patient and I talk over an easy-payment plan. As soon as the terms are determined a paper is drawn up in

which the patient agrees to make a payment on the fifteenth of each month, the entire sum to be paid up on or before a specific date. It is signed by the patient.

The signature is the thing! After this is obtained, the rest is easy. Except for two delinquents who left town with no forwarding address, all on my long list of overdue bills are either paying regularly or have paid in full. More gratifying still, these same patients are returning regularly for treatment and they are paying promptly. They are all the more friendly because they have been given back their self-esteem.

Taunton, Massachusetts

ORAL HEALTH PROGRAM FOR HIGH SCHOOL TEACHERS

A NEW AND practical type of education program for instruction in oral hygiene has been developed recently as a free service to *high school instructors,* according to Frances C. Foote, of The Byron G. Moon Company. The program which was prepared as part of a family health series by the Bureau Educational Services of this company for and in cooperation with the research laboratories of Johnson & Johnson, New Brunswick, New Jersey, comprises three divisions: (1) an illustrated instructor manual stressing the importance of nutrition and proper diet, as well as methods of caring for the teeth; (2) two 2-color wall charts dramatizing the basic principles of oral hygiene; and (3) student leaflets, carrying a digest of the manual, ready to be put in a loose-leaf notebook and taken home for family discussion. A continuous supply of leaflets is available for classroom use.

Announcement of this unusual program was made in *Practical Home Economics* and *What's New in Home Economics,* and special announcements were mailed to 23,000 educators who give instruction in health subjects. Requests have been received for 12,031 instructor sets, and for 390,797 student leaflets in addition to the leaflets which are a part of each set. Home economists have found this material of special value for instruction in oral hygiene in relation to individual and family health. The subject is presented not only from a health angle but also emphasizes the relation of dental care to good grooming and family relations. The wall charts are valuable for health campaigns and for display in libraries, health centers, and at parent-teacher and club meetings.

All the material for this extensive oral hygiene program has been prepared with the cooperation of dentists and educators and submitted to the American Dental Association before publication.

ASK Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Full Upper Denture

Q.—For a number of years I have been making a central roof relief in my impressions for full upper dentures. But I have about decided that it is not necessary to make any such relief at all except perhaps in a few abnormal cases where there is a large, bony bump. What do you think?—B. H., Illinois.

A.—I agree with your present conclusion. I have seen too many relief areas with the gingival tissue sucked down into abnormal, highly congested, or papular form. And beside this, I feel that the hard palate should carry its share of the stress of mastication.

I provide for the exact adaptation desirable or for relief of excess pressure on hard areas by the careful use of soft disclosing wax. —V. Clyde Smedley.

Acentric Occlusion

Q.—I have a patient aged 45 who is wearing a full upper acrylic denture and a partial lower denture which extends from the right bicuspid to the left bicuspid. The articulation is perfect but the patient complains of a cracking sound in the condyle. He has had this for two years every time he eats.

I shall appreciate any suggestions you may have on such a case.—R. J. H., Massachusetts.

A.—A cracking sound in the condylar joint may result from arthritis, but it is more likely to be caused by an acentric occlusion. You say the articulation is perfect. It no doubt appears to your eye to be perfect and the fact that he can eat would seem to prove your statement.

I would suggest, however, that you paint the occlusal surfaces of either upper or lower denture with red disclosing wax, tell the patient to place the upper jaw forward as far as possible, and tap-tap-tap gently on the back teeth. Remove the denture and examine carefully for a single cusp that has cut through the wax. You will likely find only one point though you may find more than one cusp or inclined plane in the premature contact. Relieve this point and repeat the wax application and tap-tap-tapping action until contacts are uniform and well distributed for balance.

With this balancing of occlusal forces in correct centric accomplished, the cracking sound in the condyle should cease.—V. Clyde Smedley.

Cheek Biting

Q.—I have a patient, a middle-aged woman, who bites her cheek while sleeping but who has no difficulty with mastication. This is in the bicuspid region just posterior to the angle of the mouth. She is much worried as six months ago she had a breast removed with a cancerous growth. She tells me this biting wakes her out of sound sleep and a definite hard lesion is developing. Her bite is normal with no missing teeth. I have polished off all cusps on this side with no improvement. When she wears a cotton roll in the vestibule, she is free from biting; but the roll becomes dislodged.

Would it be in order to cast a small appliance in vitallium with a plumper to snap over the lower teeth and not cause irritation? Any suggestions you may offer to correct this condition will be greatly appreciated by me and my patient.—H. I. B., New York.

A.—In nearly every case of cheek biting, I have been able to correct the condition by the expedient of increasing the overjet of the maxillary teeth. This is done by reducing the buccal surface of the mandibular teeth from about the center of the crown to the marginal ridge. The wearing of cotton in the vestibule is a good plan until the habit is cured and the ridge in the cheek has disappeared.—V. CLYDE SMEDLEY.

Cankers

Q.—What should I advise for a patient who is always having cankers under her dentures?—G. G. G., Washington.

A.—We are convinced that regular cankers usually are caused by some food allergy. But such lesions under dentures are more likely to be caused by unequalized denture pressure. This can be determined and correctd by the use of disclosing wax.—V. CLYDE SMEDLEY.

Dislodged Denture

Q.—I recently relined a full upper acrylic denture for a woman who is 55 years old, weighs 260 pounds (height 5 feet 4 inches), and has a blood pressure of 210 or more.

When the denture is first inserted, it is completely stable and it is virtually impossible to dislodge it. After it has been in place for a period of four to five minutes, all retention is lost.

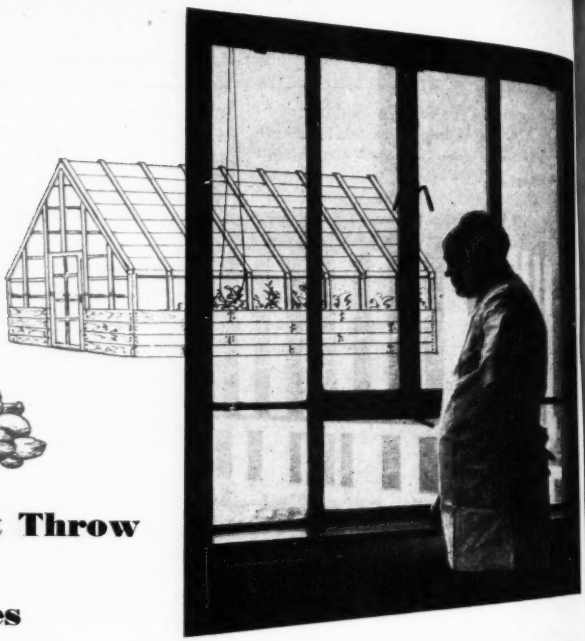
This patient is having considerable circulatory difficulty. It is my conclusion that all body tissues are filled with fluid so that when the denture is first inserted, these fluids are displaced, and when the tissues fill again, the denture is dislodged.

Do you have any other diagnosis of the situation?—J. P. S., New York.

A.—You probably are correct in your conclusion. The rebasing impression was no doubt made under occlusal stress causing displacement of fluids if not also of movable soft tissues which as they tend to return to undisturbed rest position dislodge the denture. The solution may be to secure a mucostatic impression with the tissues undisturbed and at rest.

It is best to make such an impression in the afternoon since the tissues of the head and mouth are likely to be full of blood and actually larger after one has been lying down all night than after the

(*Continued on page* 414)



Don't Throw Stones at Other Dentists

BY ROLLAND B. MOORE, D.D.S.

THE OTHER day an old couple, strangers to me, came into my office right after the lunch hour. The wife said she had a loose gold crown she would like to have me reset for her. After finishing the service, I looked over her teeth to see if any more treatment was needed. While I was doing so, my office door opened and a dental supply salesman I had been buying from for the last twenty-five years came in.

I called to him, "Hello, George! Sit down and wait a few minutes. I have an order for you."

Upon finishing my examination, I noticed the elderly woman had four or five beautiful posterior gold inlays and a fixed bridge that was as nice as any I had ever seen.

"You have some beautiful gold inlays," I remarked. "And that bridge is a wonderful appliance."

The patient opened her eyes wide in surprise at my comments. Then she said, "An old dentist nearly eighty years of age, over

Are you guilty of unfair criticism of your colleagues?

where we live, put that in. I have had about three dentists treat me since and do you know, you are the first dentist who has praised that work? One of them said my inlays were horrible and he wanted to jerk them out and replace them. Another dentist said a dentist who could not make a better looking bridge than mine should not be allowed to practice. The third dentist just made fun of my dentistry. I did not like it at all. And you really think, Doctor, that is good work?"

I told her I not only thought so but that I knew it was.

Then she said, "Why is it dentists so seldom have a good word for another dentist's work?"

I thought it over for a moment before answering. I knew she was right in what she said. "It is probably professional jealousy and they are trying to boost their own stock with a patient at the expense of a competitor," I replied.

The elderly couple had no more than closed the door behind them upon leaving the office when the salesman waiting for me came in to my operating room with hand outstretched and a smile on his face.

"I want to shake hands with a man who has charity in his heart," he said. "I heard what you told that lady about her inlays and her bridge. I know that old dentist well and call on him. He is a fine man and an excellent dentist. I am going to tell him what you said. It will please him."

I told him it was all right with me if he did. "But that was beautiful dentistry, George, just the same," I said, "and I've wondered why dentists pan each other's restorations the way a great many do. I don't consider it ethical."

"Neither do I," George replied. "I have never heard a member of the medical profession pan another physician. I don't know whether it is something in the oath they take upon graduating or what. I've sat in dental reception rooms waiting to see the dentist and have heard him panning some other dentist to his patient in the chair until I got so sore and disgusted I felt like getting up and leaving."

Professional Criticism

I know dentists "pan" each other and criticize another man's treatment to a patient. Far too many are prone to do so. Only last week I was in a nearby city and met a dentist there I had never met before but of whom I had heard often. Later in the day I was in the office of a dental friend and mentioned I had met this dentist and asked if he knew him.

"Yeh-h, I know him. Nice enough fellow but not much of a dentist," this friend of mine said.

I wondered at the time if probably he would not say the same thing about me. I had merely asked

him if he knew this other dentist and had not asked about his professional ability and did not care. But this fellow could not resist criticizing. Why is it so many members of the profession cannot use a little charity toward other members?

Absentee Panned

Last year I was attending a convention and several of us were talking together in a group. Smith's name was mentioned. Of course he was not there. What a "panning" he was given! I kept my mouth shut. Presently the door opened and Smith entered. The conversation changed abruptly. You would have thought Smith was the profession's leading member the way those recent "panners" greeted him. Smith fell all over himself at being greeted so nicely. He did not know how the others had been "dishing the dirt" about him.

I turned to Jones and said, "Tell Doctor Smith what you were saying, Jones, when he came in." Jones glared at me. He made an excuse soon that he had to go downstairs and he left us.

If I cannot say anything good about another dentist, I do not say anything. If I am asked about a dentist's ability, I say I do not know anything about it as he never had treated me. The less one says about another dentist, the better off one is. If you "knock" a dentist to a patient, you do not rise any in the patient's estimation. On the other hand, the patient thinks you are merely trying to boost your own stock and ability.

I had a patient say to me one day, "I'll never let Doctor N—— pull a tooth for me again. He broke off three out of five."

I merely said, "It might not have been his fault. There are many things that will cause a tooth to break for which the dentist is in no way to blame."

We know our patients sometimes criticize us dentists. Isn't that enough without us "panning" each other? Next time you feel like criticizing another dentist, just ask yourself if you are any better than he is and if you would like to have him criticize you as you have him. Be charitable. None of us is perfect, you know. We are all trying to do the best we can. Do not try to exalt yourself to a patient at the expense of some other man who is also trying to make a living. Remember that we have all done some treatment of which we are not too proud.

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ASK ORAL HYGIENE

(*Continued from page* 407)

erect position has been maintained for many hours.—V. CLYDE SMEDLEY.

Alloyed Metals

Q.—I should like some information concerning molybdenum copper. Is it being used in dentistry, and, if so, to what extent?—S. E. W., California.

A.—I have consulted a well-known metallurgist, and he tells me that he has never heard of alloying molybdenum with copper. He thinks it would be difficult to do this on account of the high fusing point of molybdenum. He suggests that you may be thinking of beryllium, which when alloyed with copper makes the copper extremely hard. However, he does not know of its being used in dentistry.—GEORGE R. WARNER.

Gingival Condition

Q.—I have a patient, a woman about thirty, whose teeth I have taken care of for about ten years. She has had a normal amount of treatment, and the restorations hold satisfactorily. The last year she has had numerous decalcified areas along the gingival margins of both upper and lower teeth, especially the anteriors. I have restored all the anteriors now. The area does not seem to be soft as one finds sometimes, but rather pitted. She is taking some calcium, and her diet seems to be normal. Her health is normal in other respects, but we are concerned about this gingival condition. Any suggestions you have to make will be much appreciated.—J. G. L., Wisconsin.

A.—If the gingival condition of which you write is really caries I would suspect that gum chewing has something to do with it, inasmuch as she is on a normal diet. If she is not a gum chewer it would be worth treating these areas, where out of the line of vision, with silver nitrate. The other areas can be impregnated with a 50 per cent solution of zinc chloride precipitated with a 10 per cent solution of potassium ferrocyanide. The area should be cleaned with benzine first and then moistened with a 1 per cent solution of Naccanol powder in distilled water. This results in the formation of the water insoluble salt of zinc ferrocyanide.—GEORGE R. WARNER.

Iron Preparations

Q.—What harm, if any, is done to the permanent dentition by the use of iron preparations such as ferrous gluconate? Most iron preparations used as medicaments will stain the teeth, but is it permanent?—J. W. S., Wisconsin.

A.—From long personal use of iron medication, much of it ferrous gluconate, and from experience of the use of various iron preparations among my patients, I am convinced that the teeth suffer no permanent ill effects. There may be temporary staining in some cases, but I have not experienced even that difficulty.—GEORGE R. WARNER.

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- Grind more satisfactorily
- Heat resistant
- Withstand distortion in processing
- Free of strains which cause warping and crazing
- Separate easily from the flasking investment

Only The Dentists' Supply Company gives you your choice of Trubyte New Hue Forms and Trubyte New Hue Shades in porcelain and plastic teeth.

50 Anniversary

ANOTHER FINE PRODUCT OF THE DENTISTS' SUPPLY COMPANY OF NEW YORK

Laffodontia

Mother: "Ethel, Robert brought you home very late last night."

Ethel: "Yes, it was late, Mother. Did the noise disturb you?"

Mother: "No, dear, it wasn't the noise. It was the silence."

★

She: "Do you want to stop the car and eat, sweetheart?"

He: "No, pet."

★

Foreman: "How is it that you carry only one plank and all the other men carry two?"

Worker: "They're just too lazy to make two trips like I do."

★

Clerk: "Here's a pretty card with a lovely sentiment: 'To the only girl I ever loved.'"

Student: "That's fine. Give me a dozen."

★

"The offspring of a single rat," stated the lecturing biology professor, "may number several hundred."

"Gee whiz," came the startled exclamation from the third row, "what would the offspring of a married rat be?"

★

Sergeant: "Stop worrying, Mesenjonskiwitzburgerhofer, there's no bullet with your name on it."

★

Cpl.: "Now, private, if you stood with your back to the north and your face to the south, what would be on your left hand?"

Pvt.: "Fingers."

★

Wife: "I was a fool when I married you."

Husband: "Yes, but I was so infatuated with you that I didn't notice it."

★

The absent-minded professor walked into one of the local barber shops, sat down in the chair, and requested a haircut.

"Certainly, sir," said the barber. "Would you mind removing your hat?"

The professor hurriedly complied. "I'm sorry," he apologized. "I didn't know there were ladies present."

★

"It's the little things in life that tell," said the coed, as she yanked her kid brother out from under the sofa.

★

Husband: "If I'm unable to get home this evening, I'll send you a note."

Wife: "Never mind, I found it in your pocket last night."

★

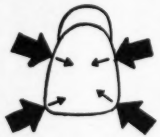
Helen: "Gracious, it's been five years since I've seen you. You look lots older, too."

Kitty: "Really, my dear? I doubt if I would have recognized you, but for your coat."

TRUBYTE New Hue Shades

No Wonder 74.6% of

Dentists *Specify* TRUBYTE New Hue Shades

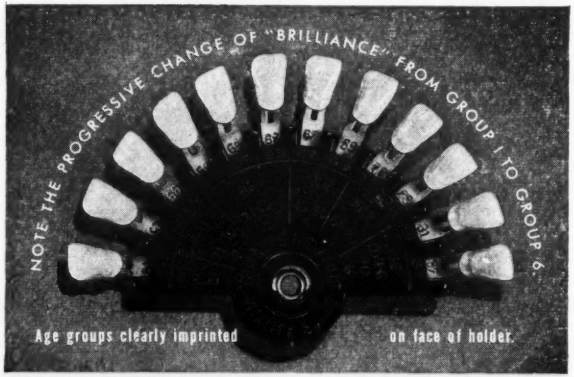


TRUBYTE NEW HUE SHADES CONCEAL YOUR ARTISTRY. THEY LOOK LIKE HEALTHY, NATURAL TEETH!

In the Trubyte New Hue Vitality Scale, you have for the first time a definite method by which you can select accurate shades quickly.

In the mouth, where they absorb and mirror the colors of adjacent teeth and tissues and thus appear to be a living part of the patient, that's where Trubyte New Hue Shades must be seen to be fully appreciated!

The color absorption of Trubyte New Hue Shades is the quality that provides you with a comfortable tolerance in matching shades, a tolerance that does not exist with opaque teeth.



TRUBYTE ACRYLIC TEETH ARE AVAILABLE IN THESE TRUBYTE NEW HUE SHADES: 65 66 67 68 77 81

Compare the shades in the Trubyte New Hue Vitality Scale with the shades of healthy, natural teeth. You'll be surprised by the accuracy with which they match natural teeth in the six age groups.

The Trubyte New Hue Vitality Scale is an important achievement, even for the Research Department of The Dentists' Supply Company, which has devoted so many years to the study of colors in natural and artificial teeth.

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New York 18, N.Y.

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. . . accommodates 2 instrument trays instead of one

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All-Purpose JUNIOR AUTOCLAVE

(MODEL 8816)

- Fully automatic and self-compensating for all types of loads.
- Requires no valuable floor space. May be placed on any flat surface and operated from convenient electrical outlet.
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- The unit is automatically "burn-out-proof" and operates by one control lever which governs the complete functional cycle.

Presents a radical departure in autoclave design that meets every requirement wherever a single, pressure steam sterilizer of small size is indicated. Duplicates in every respect the efficient, precision performance of standard size "American" Surgical Supply Sterilizers widely used in hospitals.

Diagrammatic comparison of Model 8816 and 8"x16" cylindrical type. Note accommodation of 2 instrument trays instead of one.

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IMPREGNOL is available at your dealer or direct and lists at $4.50 for the complete unit (IMPREGNOL 1, 2, 3 and 4). The application of IMPREGNOL is simple and its cost per unit of treatment is negligible.

BIBLIOGRAPHY . . . GOTTLIEB, BERNHARD, Dental Caries, Iea and Febiger, 1947. GOTTLIEB, BERNHARD, Texas Dental Journal, Jan 1947. FRISBIE, H. E., and NUCKOLLS, J., Jr. Dent. Res. 26: 181, 1947. GOTTLIEB, BERNHARD, DIAMOND M., and APPLEBAUM, E., Am. Jr. of Orthodontics & Oral Surgery, V32, No. 6, P. 365-379, June 1946. YOUNGER, HAROLD B., Some Aspects of Caries Pathology and Their Clinical Application, Jr. Dentistry for Children, 3rd Quarter, 1946. ZIMMERMAN, MARK, The Gottlieb Method for Prevention of Decay and Cavity Treatment, Jr. of the Can. Dent. Asso., Feb. 1947.

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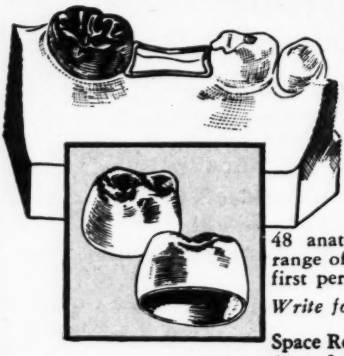

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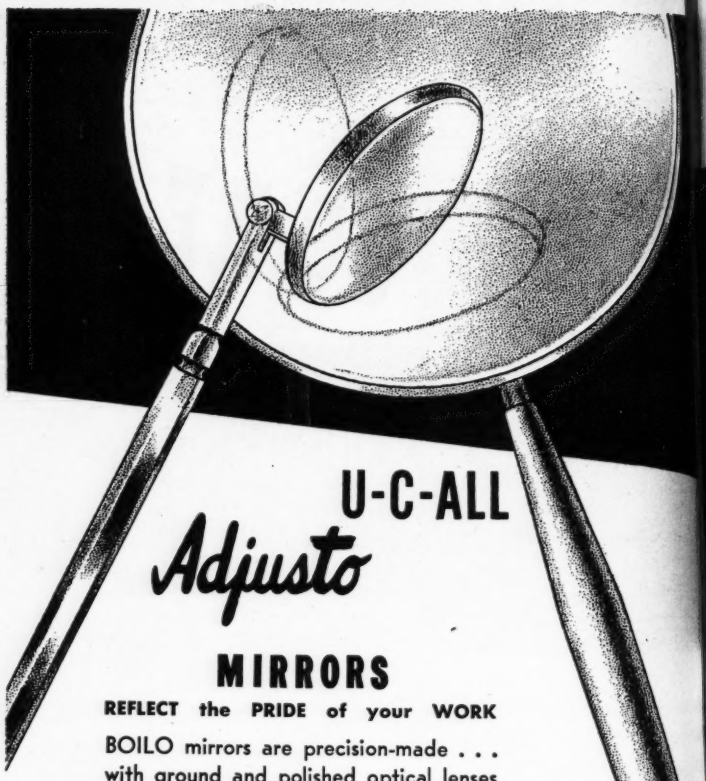

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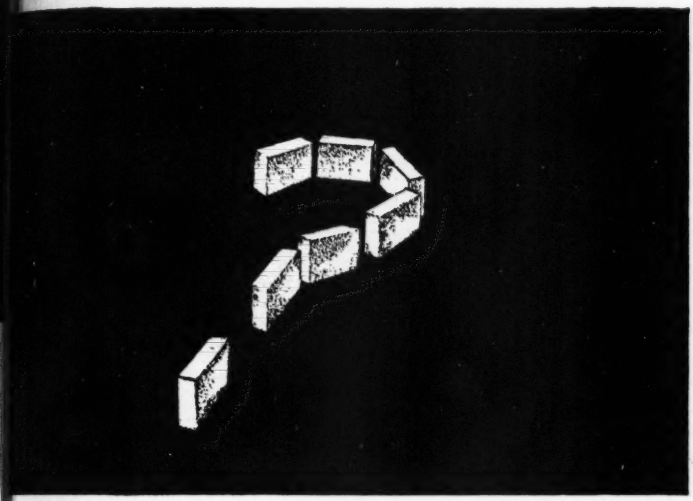

An accurate breakdown of the constituents of commercial and household products of the sugar industry as they reach the market has long been needed.

Before any true evaluation of the role of sugars as combining agents in the human diet can be made, all the ingredients must be minutely measured. At laboratories, accurate vitamin and mineral assays of all the various grades of sugar and molasses are underway.

From preliminary reports it is evident that raw sugar juices are not a naturally rich source of the B vitamins. Also, another interesting finding is that brown sugar contains from three to four times as much mineral as raw sugar, since mineral matter is concentrated in the refining process.

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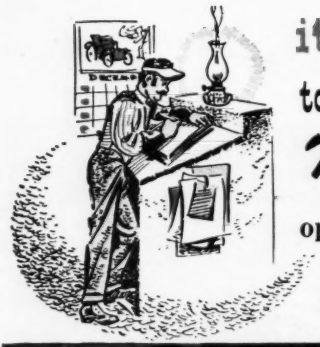

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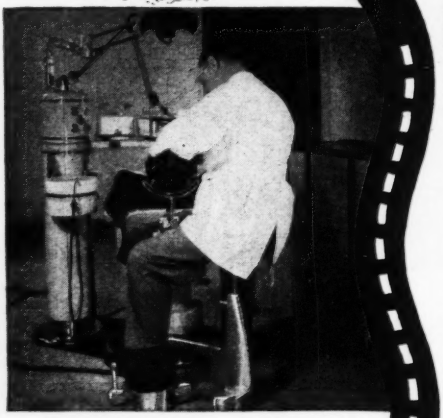

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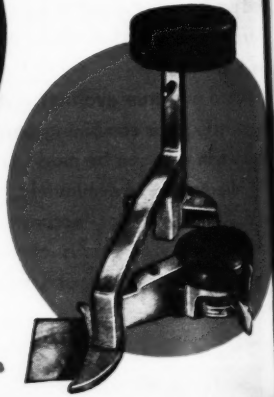

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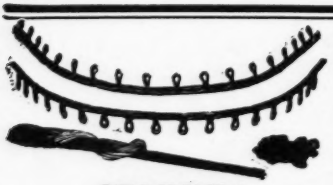

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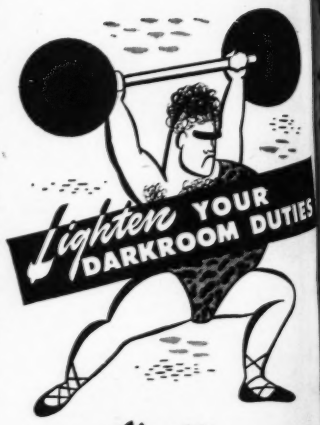

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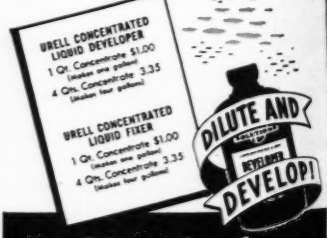

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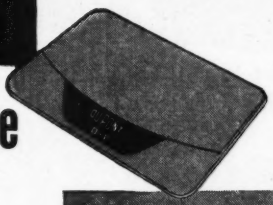

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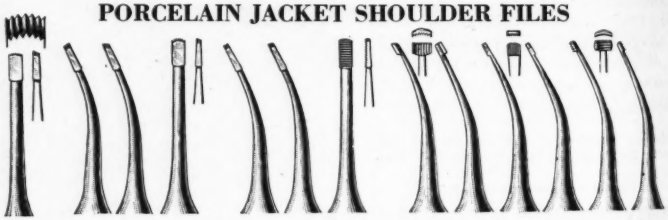

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These Files true the shoulder of the preparation, removing roughness remaining after the use of burs, stones, chisels, etc.

No. 1-2-3 are for wide shoulders and No. 4-5-6 are for narrow shoulders. They are smooth on the side, file cut, rounded on the end, and should be worked back and forth around the shoulder, with the acute angle of the File directed to the inner margin of the shoulder. No. 1-4 are for anterior teeth, No. 2-3-5-6 are for bicuspids and occasionally can be used for molars.

No. 7 is smooth on the end and file cut on the side. It is useful to true the side of the preparation near the shoulder angle.

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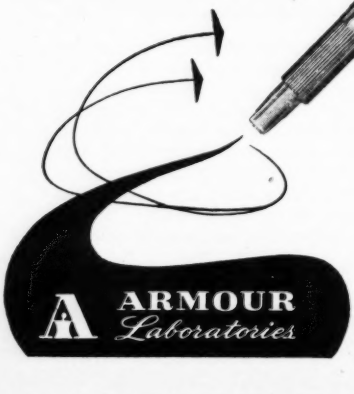
Armour's unique thread-perforated capsules add to the practicality of operation and enhance the element of control. The holes left after removal of the thread permit just the proper delivery of powder. The capsule is not opened and the inhalator may consequently be used in any position, nozzle up or down, without spilling the powder.

Equally important, The Armour Inhalator is easy to clean and *keep clean.* Each inhalator is supplied with a special "cleaner" swab.

Effective even when the nasal passages are congested!



1. Simply remove thread from capsule.
2. Insert capsule into inhalator.
3. Inhalate desired amount of penicillin powder into each nostril and/or throat, inhaling at same time. Each capsule contains 100,000 units. This amount is recommended for each *complete* treatment divided between various points of application.
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Supplied in sets containing inhalator with 3 or 6 threaded penicillin capsules. Also packages of 6 or 12 threaded penicillin capsules alone.

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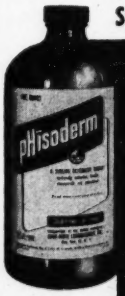

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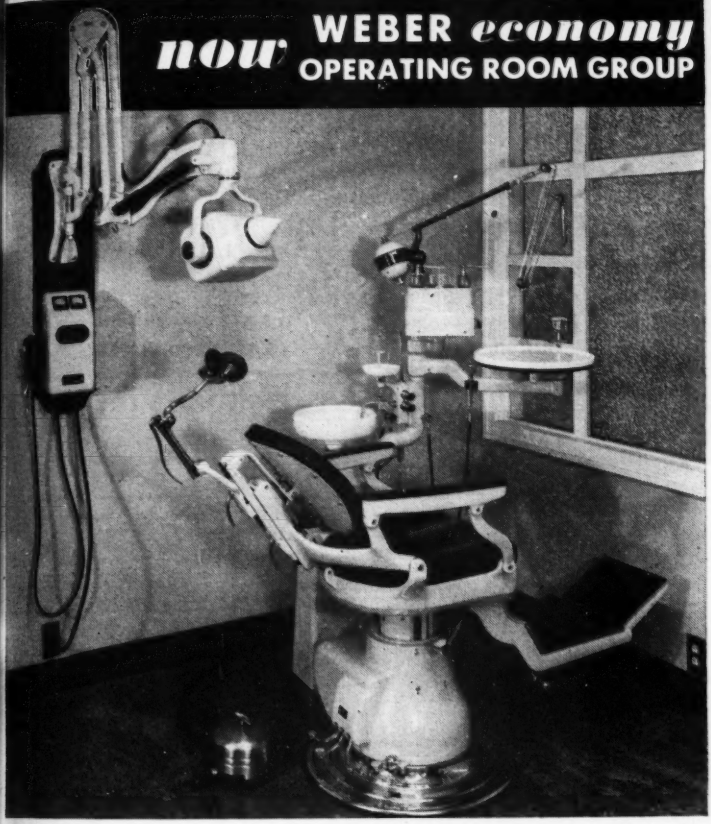

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Clears field of operation in exodontia by removing bone spicules, blood, heavy saliva and loose apex; drains suppuration from pyorrhea pockets; drains and dries broached root canals eliminating need for cotton points; in cavity preparation removes tooth filings, dries without shock and removes excess silicate and amalgam particles. SAVES TIME AND MONEY—ELIMINATES NEED FOR SPONGES. Attached to air cut-off on dental unit. Converts air-pressure to SUCTION instantly. Draws blood, saliva, waste material, etc. into glass container.

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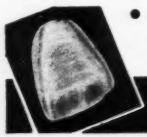

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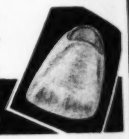

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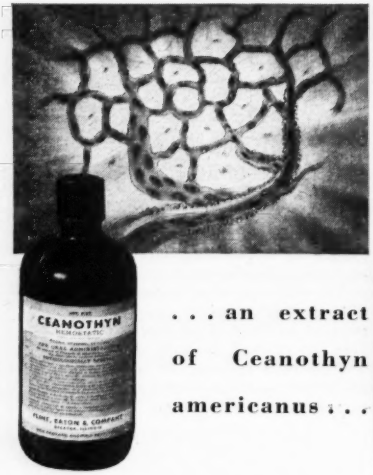

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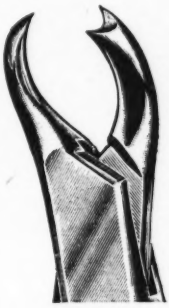

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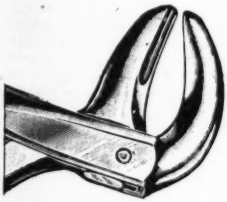

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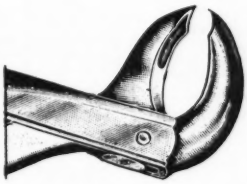

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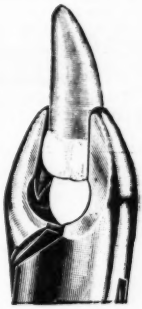

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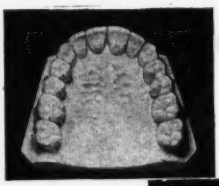

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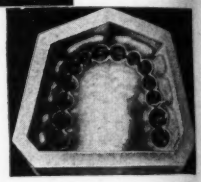

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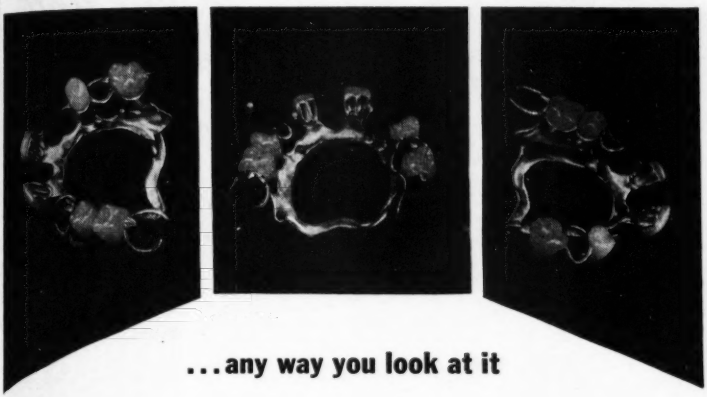

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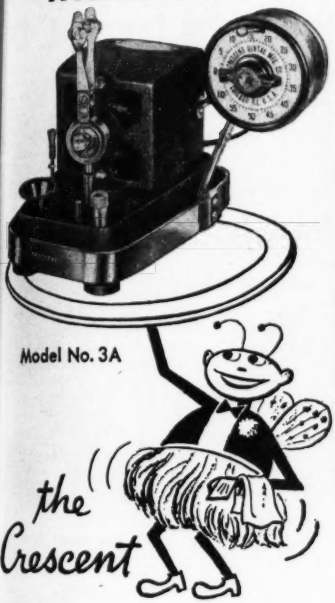

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Pat. May 21, 1940

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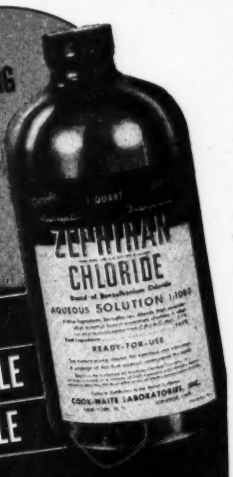

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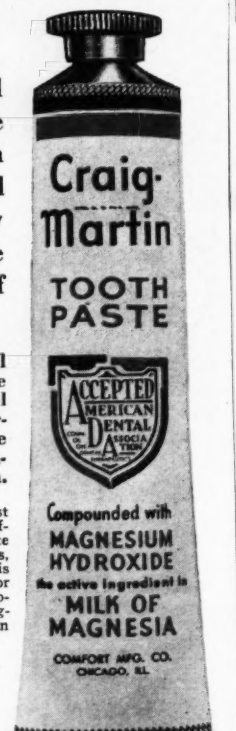

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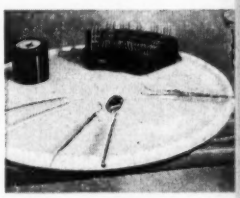

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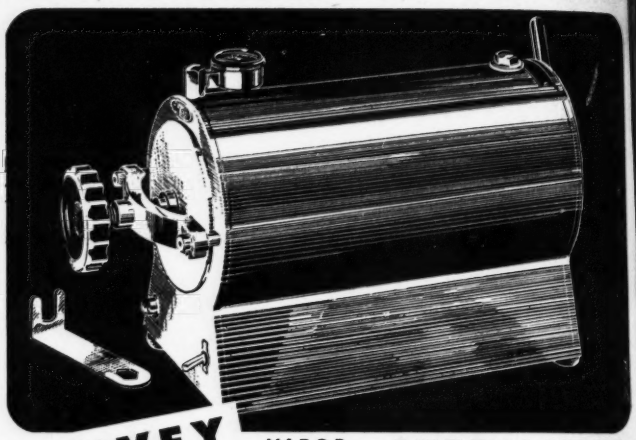

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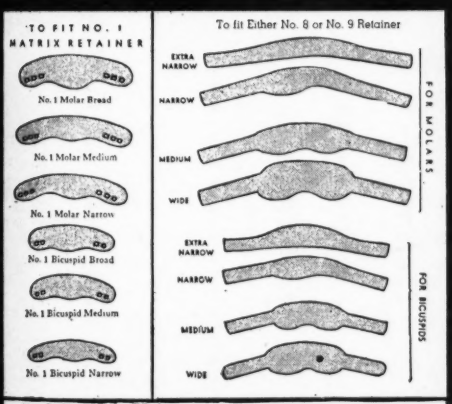

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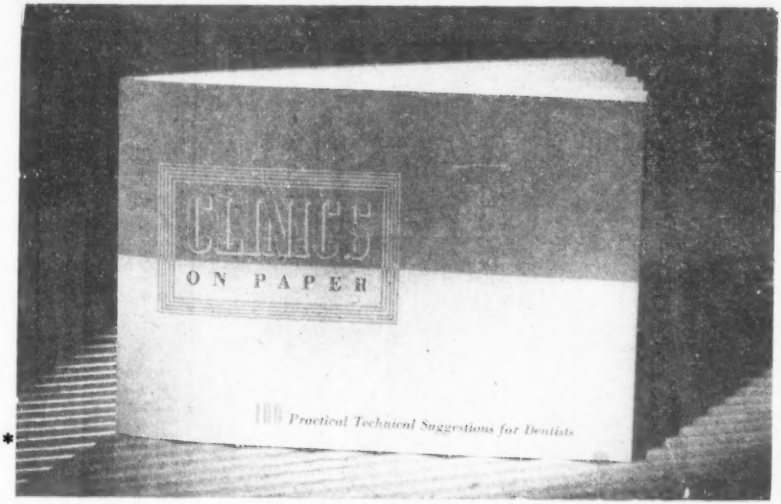

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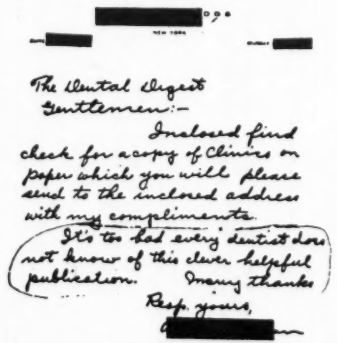
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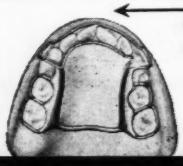

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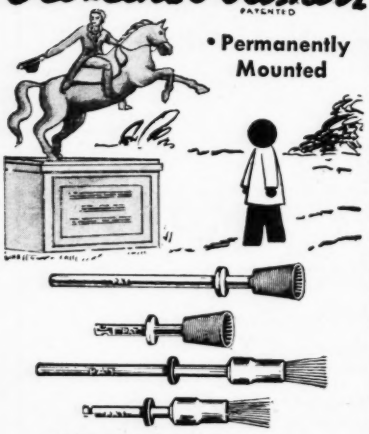

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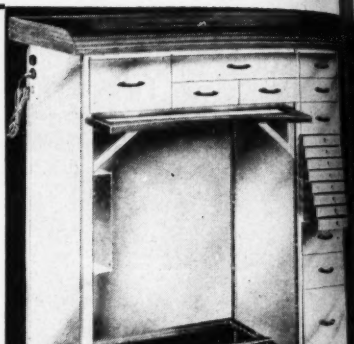

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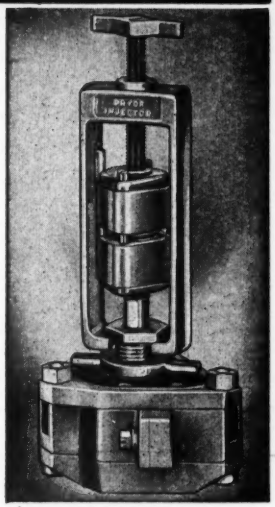

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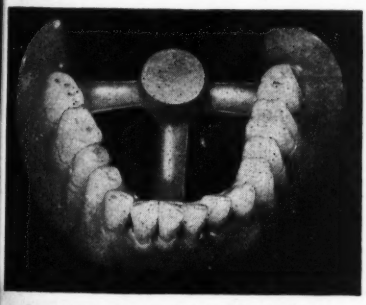

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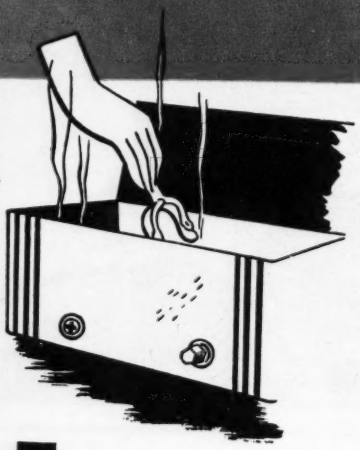


1.

Immerse in Hot Water

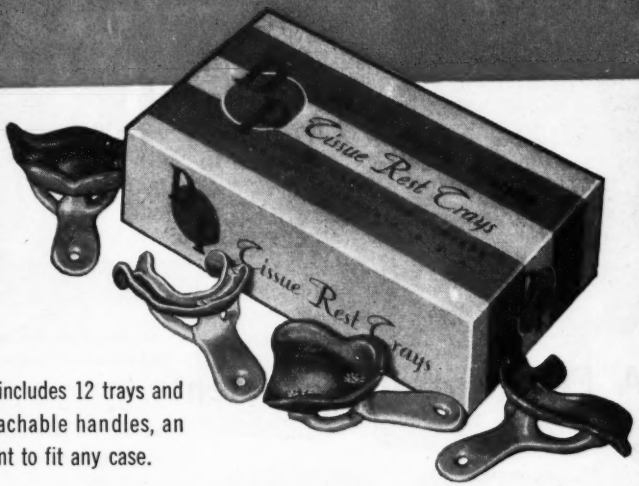
2.

Adapt in the Mouth

INSTEAD OF THE USUAL FIVE STEPS	1 Preliminary Impression	2 Impression Delivered to Laboratory	3 Laboratory Pours a Model	4 Laboratory Makes a Tray	5 Tray Deliver to You

TWO EASY STEPS...

WN OFFICE



Package includes 12 trays and four detachable handles, an assortment to fit any case.

In making full impressions, you can now eliminate one visit by the patient, cut down chair time and do away with three steps that waste time and cost you money . . all by using D-P "Tissue Rest" Trays.

After they are immersed in hot water, "Tissue Rest" Trays can be quickly adapted in the patient's mouth. Easily trimmed or adjusted while warm, they become rigid when chilled.

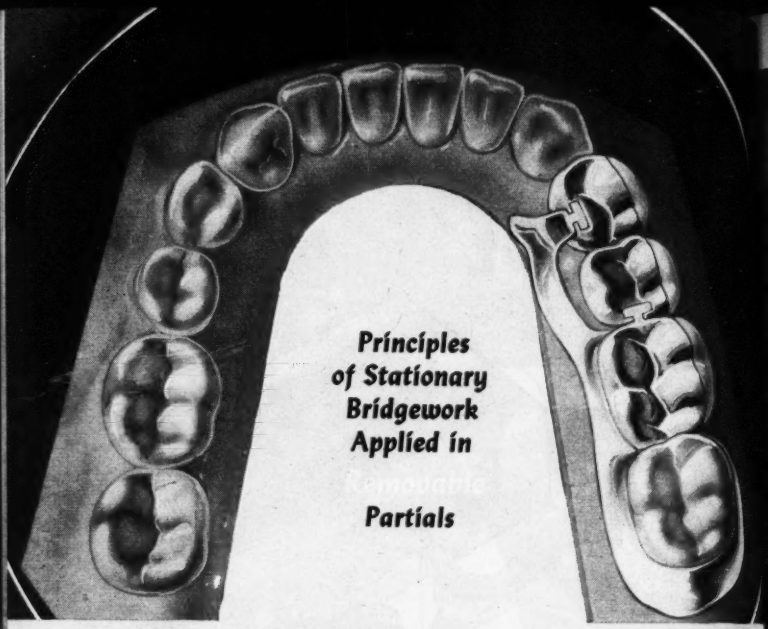
Intended for any full denture technic using cold materials, "Tissue Rest" Trays are especially designed for D-P Alginate or Three-In-One Cream.

Write for brochure on "Dry Mouth Technic" using alginates. Discover for yourself the simplicity, speed and remarkably accurate results obtainable.

D P **dental perfection co.**

Booklet Dept. B

543 WEST ARDEN AVENUE • GLENDALE 3, CALIFORNIA



Principles of Stationary Bridgework Applied in Partials

A Practical and Efficient to a

A combination of a Stern Type 7 attachment in the first bicuspid and a Stern Type 7 distal extension stress-breaker attachment in the second bicuspid. Inlays are Stern 2 Inlay Gold; saddles are Stern 3 Partial Denture Gold.

Why not carry the time-tested and proved efficiency of fixed bridgework into your removable restorations?

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Save 30% on DENTAL ALLOY

Start now to use this tested, accepted alloy that has been used by leading West Coast Dentists for over 18 years. Speyer's Alloy is carefully made from C.P. metals. You will find it amalgamates smoothly in minimum time, carves exceptionally well in ten minutes and produces a hard, well-sealed mass that polishes beautifully.

- 68½% silver.
- No initial contraction.
- 4.4 microns per Cm expansion in 24 hours.
- 1.6% flow 24 hours after amalgamation.
- Complete directions with every bottle.

1 oz. $1.70 5 oz. $7.25

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Please send me quantity checked at price indicated.

☐ 1 oz. @ $1.70 per oz. ☐ 10 oz. @ $1.35 per oz.
☐ 5 oz. @ $1.45 per oz. ☐ 20 oz. @ $1.20 per oz.

I enclose check for.....

Dr.....

Address.....

City.....State.....

SPEYER

SPEYER S. & R. CO.
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HATCH FLUORESCENT PLASTIC

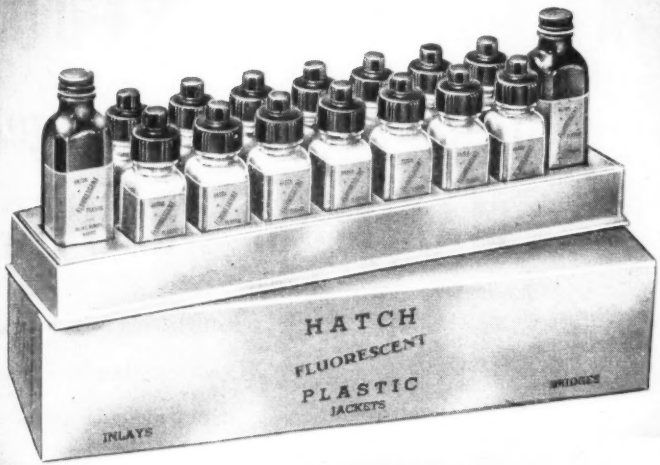
- Particles are prismatic in form and so absorb, reflect and refract as does a natural tooth.
- Adopts the color of surrounding tissues.
- Colors have same brilliance and depth of tone as natural tooth co
- Color values being affected similar to those of natural teeth, it ca worked by artificial light.
- Body texture gives clear cut edges and makes for easy polishing.
- Possesses rare degree of homogeneity which simplifies polishing minimizes dimensional change during processing
- Balanced diffusion of fluorescence assures most life-like appeara of teeth.

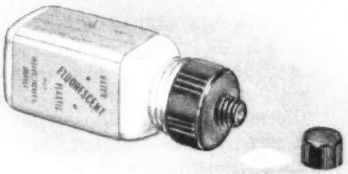
HATCH FLUORESCENT PLASTIC is the result of long and exhaustive experimentation for the purpose of finding a plastic which would react to natural and artificial light, as do natural teeth.

HATCH FLUORESCENT PLASTIC possesses the qualities mentioned above, and, processes readily. In addition, it produces Inlays, Jackets, Teeth or Bridges that will blend more perfectly with natural teeth than anything else heretofore available. Once processed it possesses toughness and enduring qualities greater than even the finest acrylic.

HATCH Fluorescent PLASTIC is sold

B. G. HATCH CO





The especially designed dispenser-top bottle enables use of smaller amounts of material and eliminates waste.

Each Kit of HATCH Fluorescent PLASTIC contains 1 oz. each of 12 shades of Plastic, and Light and Dark Incisal Shades; 2 two ounce bottles of liquid and sells for only $27.50. Individual 1 oz. bottles of plastic $2.50. ½ pound packages—$12. 1 lb. packages—$20.00.

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CLINICAL FACTS

AMM-I-DENT REDUC NTA

high urea content give

MAXIMUM RESULTS!

Extensive clinical trials by authoritative investigators under carefully controlled conditions have definitely established the remarkable ability of ammoniated dentifrices (containing synthetic urea and dibasic ammonium phosphate) to inhibit the development of caries in the teeth of susceptible individuals *of all ages.*

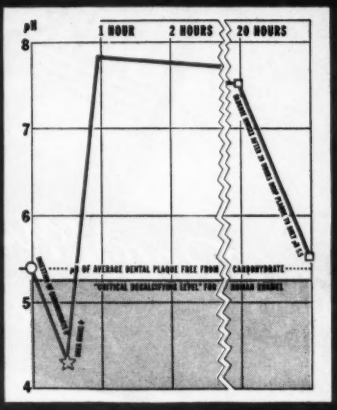
Continuing investigation has further established the importance of a higher urea content, which markedly prolongs the vation of the pH of the saliva dental plaques abo e the de cifying level (approximately while at the same time it eff a significant decrease in the Lactobacillus acidophilus (L count — the micro-organism lieved to be associated with production of caries. This hig urea content also apparently a to dissolve mucin plaques m quickly, and delays the prod tion of dental film and stain.

Stephan reports "Dilute so tions of urea ... do not appear exert an appreciable inhibito effect on acid production ... a

NTAL CARIES

lution would have to be too fre-
ently applied to be useful...
ay exert a significant effect only
applied constantly".

Painstaking research, based on
enschel's findings, has resulted
the Amm-i-dent formula which
unique in its content of 22.5%
rbamide (synthetic urea) —
us 5% dibasic ammonium
osphate, with gentle abrasives
d aromatic oils. This formula
ables Amm-i-dent users to re-
oduce in their mouths the oral
ndition found in naturally



pH of dental plaques raised above decalcifying level with urea rinse.

caries-immune individuals.

The action of the urea is further enhanced and will persist for several hours if the patient follows brushing with a rinse of Amm-i-dent and water.

Thus Amm-i-dent, through its high-urea content, provides the maximum benefit possible for caries control by an ammoniated dentifrice.

ERENCES:

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102, 1946. Henschel and
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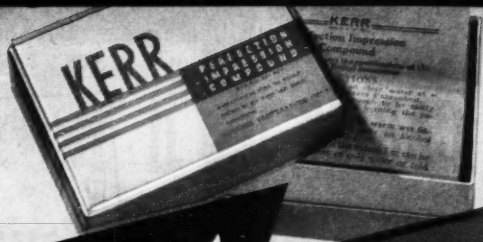

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Films . . . Film Chest, Dispenser, and Receptacle . . . Intensifying Screens . . . Exposure Holders . . . Safelight Lamps and Filters . . . Processing Hangers . . . Processing Tanks . . . Processing Chemicals . . . Thermometer . . . Mounts . . . Film Corner Cutter . . . Illuminator.

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...URING PLASTIC FOR ...ND BASE PLATES!

DENSOFORM is an extraordinary new material that will successfully solve your tray and base plate problems. Now, in a single appointment, the Doctor may prepare impression, pour model and make tray.

Densoform is easy to use—*self-curing*—fast-curing! It is the perfect accessory material for all modern precision denture technics.

Yes, here at last is a thoroughly accurate material that cannot warp and will not break in use!

Densoform is supplied in easy-to-mix powder and liquid form. If your dealer has not yet received his stock, write us directly—we will arrange to supply you through him without delay. 40 portion package $7.50 (in U. S. A.)

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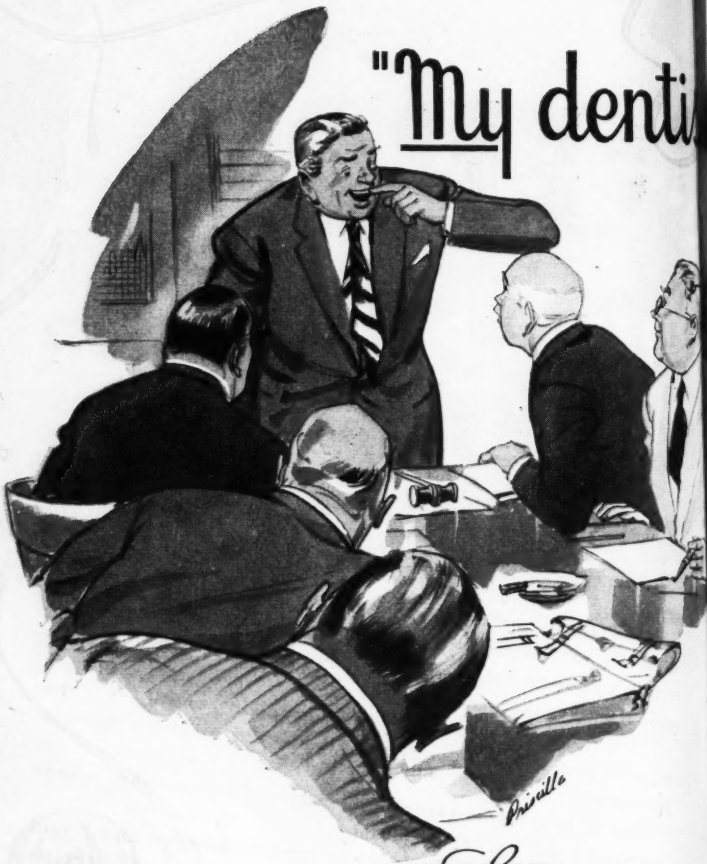
"My denti d



COOK-WAITE
Laboratories, Inc.
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Cobefrin, Novocain, Pontocaine
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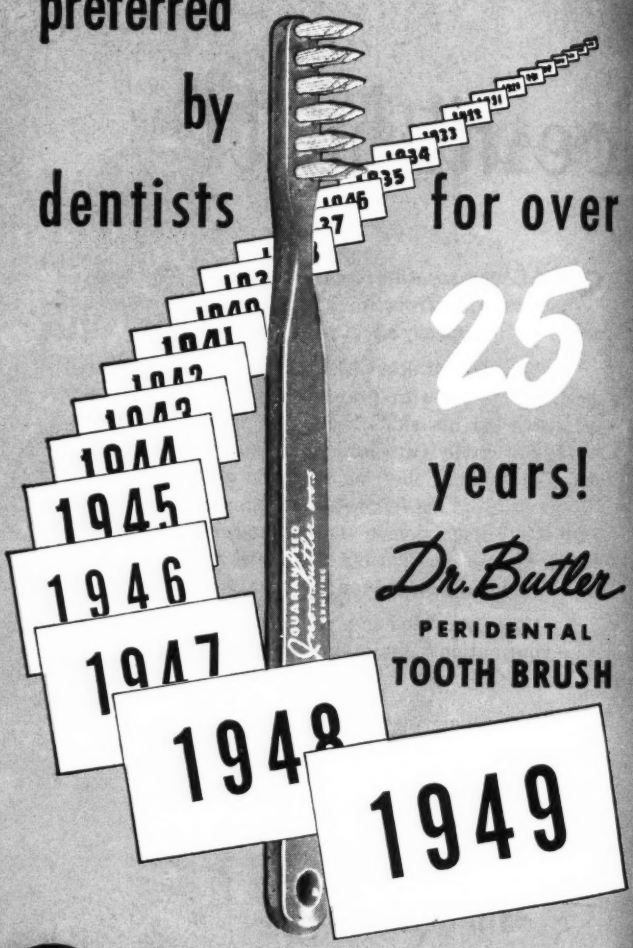
SMALL wonder other business waits . . . the boss has just come from the dentist! And he won't rest until he's had his say about that tooth!

"My dentist doesn't hurt" speaks volumes for the **dentist** — for with those words the patient passes judgment on his skill. That this judgment is so highly favorable is due in no small measure to Novocain-Pontocaine-Cobefrin. For this man's dentist, like so many of his fellow-practitioners, knows that "N.P.C.'s" deep, dense, lasting anesthesia — produced without perceptibly decreased patient-tolerance — is ideally suited for all operative procedures.

If you want to hear "My dentist doesn't hurt" from **your** patients, make sure **you're** using "N.P.C."

"the Difference is Distinctive"

preferred by dentists for over 25 years!



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NATURAL OR NYLON BRISTLES • BLEACHED OR UNBLEACHED • ANY HARDNESS

TICONIUM IS STRONG

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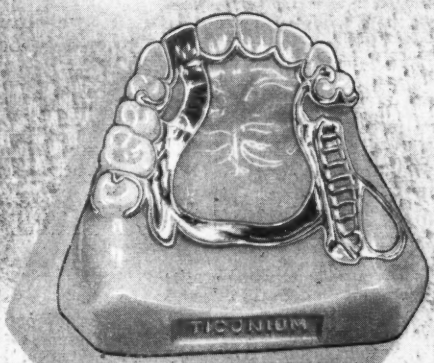

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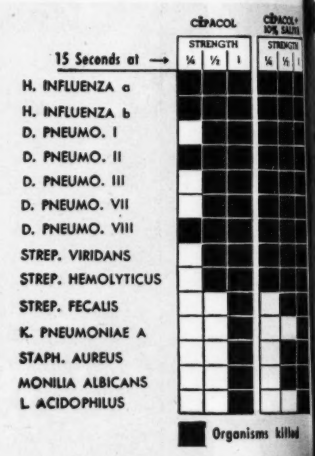
VALUABLE ADJUNCT IN PREVENTIVE DENTISTRY

The pleasant-tasting, mildly alkaline solution with rapid germ-killing action and penetrating foaming detergency.

GERMICIDAL ACTION ENHANCED BY SALIVA



Recent laboratory studies demonstrate that Cēpacol is not only quickly effective in destroying (within 15 seconds) a wide range of bacteria common to the oral cavity . . . it actually appears to be *even more effective in the presence of saliva,* as when used as a rinse or spray.

Cēpacol's low surface tension permits it to penetrate into mucosal folds and crypts, where its foaming detergent action washes away bacteria-laden mucus. Its delightfully refreshing flavor invites patient cooperation. Cēpacol is harmless to dental instruments, artificial dentures and bridges. Available in pints or gallons at your prescription pharmacy.

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As adjunctive treatment in Vincent's disease, Cēpacol is a therapeutically active vehicle for penicillin. A suggested prescription of 200,000 units of penicillin in 8 oz. of Cēpacol provides 833 units per cc. Use undiluted as spray or rinse every two hours. Should be kept refrigerated.

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METAL MELT PATTERN FORMS

...PROCESS AND FIT CROWNS A FRACTION OF THE USUAL TIME!

Metal Melt Assures More Accurate Castings . . .

- No Pattern Distortion
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- Perfect Mold Produces Perfect Casting
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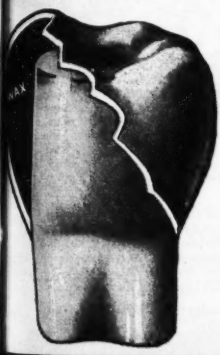
Metal Melt Pattern Forms are festooned and adapted directly on the prepared tooth—they reinforce the wax-up permanently—and the metal shell melts with the wax! Assures perfect molds and perfect castings. Full, ¾ cast crowns and cast veneers may be prepared, processed and fitted in a fraction of the usual time.



Packed in boxes of 96 (8 each of 12 popular sizes) at $13.50 per box. Through your dealer — or write for detailed information.

Research AMALGAM CARRIER (LEVER TYPE)

You can save time and much effort in your amalgam fillings through the use of the *Improved Research Amalgam Carrier.*

This Lever Type Amalgam Carrier is practical and simple. Operation is easy—the tube at the top of the amalgam carrier is pushed into the prepared amalgam. The carrier is then placed into position in the mouth and the lever pressed. This deposits the amalgam in the cavity.

The Research Amalgam Carrier is easily cleaned and may be sterilized by boiling (it is rust proofed). Price $4.25. Through your dealer.

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10c per word, initials and figures used each counting as one word. Please send remittance with your order.

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Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is $3.

FOR SALE: Ritter mahogany equipment in excellent condition; chair, Trident, model A x-ray, compressor, lathe. Price, one thousand dollars. Mrs. F. M. Green, St. Regis Falls, New York.

FOR SALE: A leading North Dakota dental practice in city of thirty-five thousand, located in finest office building in state. Two operating rooms; one operating room fully equipped for exodontia, oral surgery, with late model Ritter x-ray, as well as new Heidbrink gas machine. This practice will stand inspection. Do not write unless you have North Dakota license. "278" Oral Hygiene, Pittsburgh, Pa.

EXCEPTIONAL OPPORTUNITY for dentist to associate with dentist having large general practice and who wishes to retire. Would like a dentist who can take over entirely in a few months. Located in Massachusetts. Ryan Dental Supply Co., 1537 Main St., Springfield, Mass.

FOR SALE: Dental office, modern and fully equipped. Unusual opportunity for fine practice in historic Mother Lode country of California. No competition. Excellent income with extremely low expense. Sacrifice quick sale. Thirty-day introduction to practice. "279" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice and modern equipment, eastern North Dakota county seat town of one thousand. Office rent reasonable. No competition. Owner leaving for institutional work. "280" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice and complete equipment in Waterbury, Conn. Same location for thirteen years. Reason for selling: retiring. Address P.O. Box 1468, Waterbury, Conn.

GREATEST OPPORTUNITY for a dentist; complete modern home and office furnished throughout. Practice yields $200 to $350 weekly; seventeen thousand dollars. Located in heart of Lehigh valley in Pennsylvania. Moving to Arizona for health. "281" Oral Hygiene, Pittsburgh, Pa.

FOR SALE IN FLORIDA: Pedodontic specialty office and active going practice. Full new equipment and furnishings. Unlimited patients. Most unusual opportunity; unexcelled income. Florida licensure necessary. "282" Oral Hygiene, Pittsburgh, Pa.

Middle-aged dentist with Texas license wants to work part time in office of an ethical semi-retired dentist in El Paso, Texas. "283" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to illness, good practice in best industrial and agricultural section of central Illinois town of nearly seven thousand population. Terms reasonable for quick sale. Dr. B. F. Dowell, 405 Kitchell Ave., Pana, Ill.

FOR SALE: Two-chair office located eighteen years in bank building on main street. Large general practice. Retiring. Dr. I. E. Wright, 194 Summer Ave., Springfield, Mass.

FOR SALE OR LEASE: My dental office, well-established practice with modern equipment in central Illinois. Sudden illness causes me to quit practice. Dr. J. W. Boys, Pana, Ill.

FOR SALE: Due to death, practice established thirty years; also equipment of two-chair dental office and laboratory Modern S.S. White units, Ritter sterilizer, G.E. x-rays. Office is for rent in city of twenty-five thousand. "284" Oral Hygiene, Pittsburgh, Pa.

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WANTED: Dentist with California license; excellent working conditions. Guaranteed salary and percentage. Must be ambitious, energetic, and reliable. Good opportunity for advancement. "286" Oral Hygiene, Pittsburgh, Pa.

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WANTED: Manufacturer's representative for the New York City and Chicago areas. Prefer man who is representing various dental manufacturers and who can conveniently add another line of new prosthetic items. Good proposition for proper man. If interested, write "287" Oral Hygiene, Pittsburgh, Pa.

FOR RENT: Suite of offices in Glademore Court, 48th & Locust Sts., Philadelphia. A prominent apartment house containing eighty-five families. Offices have been occupied by a dentist for the past two years. AL—14-7825.

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(Additional classified items on page 440)

GETZ *Elastic* IMPRESSION POWDER

Sells FASTER

Because it's MORE ACCURATE EASY TO HANDLE, LESS COSTLY

SO *Easy* TO USE!
for
PARTIALS
FULL DENTURES
INDIRECT INLAYS
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Yes, here's an impression material that's tougher than hydrocolloids and more accurate in many instances. No tablets, capsules or solutions. REQUIRES NO ICE WATER—ordinary tap water up to 80° will do. Model surfaces hard as rock and smooth as glass. Economical too! No waste . . . 15% more material . . . packed in combination full AND half units, or ALL half units. Order a package from your dealer today!

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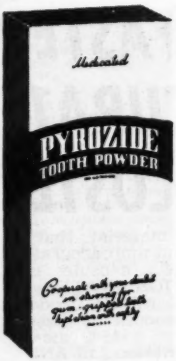

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PYROZIDE
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DENTINOL is scientifically designed to destroy the mixed micro-organisms always present in pyorrhea and other oral infections without injury to the oral tissue. **DENTINOL** is applied locally to inflamed surfaces and flooded to the depth of pus pockets. It is never injected into tissues. Sold on **MONEY BACK GUARANTEE**, available at your dental supply house. Try **DENTINOL** on one case and see the marvelous results.

PYROZIDE TOOTH POWDER is designed for home cooperation, medicated with **DENTINOL** it is the quality dentifrice that we ask you to recommend to your patients. Sold throughout the World for almost half a Century. Write for free sample.

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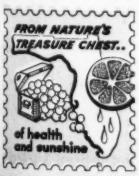
The road to sound tooth development and good dental health is made immeasurably smoother by the inclusion in the dietary of an adequate daily intake of natural vitamin C—particularly as found in citrus fruits and juices. Not only is vitamin C of paramount importance to the integrity of the forming and growing tooth,[2,3] it is equally essential to the continued health and soundness of the soft structures surrounding the teeth.[1,5]

Your patients both young and old will welcome your recommendation of tangy, delicious Florida citrus fruits and juices (fresh, canned, concentrated or frozen) so rich in natural vitamin C and other essential nutrients.* And you will value the preventive contribution of such regular ingestion—including its inhibitory action on oral bacterial flora and mechanical detergent effect.[4]

FLORIDA CITRUS COMMISSION
Lakeland, Florida

REFERENCES: 1. Bridges, M. A.: Dietetics for the Clinician, Lea & Febiger, 4th ed., 1941. 2. Gordon, E. S.: Nutritional and Vitamin Therapy in General Practice, Year Book Pub., 3rd ed., 1947. 3. Rose, M. S.: Rose's Foundation of Nutrition, rev. by MacLeod & Taylor, Macmillan, 4th ed., 1944. 4. Schnurman, A. G.: Virginia Med. Monthly, 74:21, 1947. 5. Sherman, H. C.: Chemistry of Food and Nutrition, Macmillan, 7th ed., 1946.

**Citrus fruits—among the richest known sources of vitamin C—also contain vitamins A, B_1 and P, readily assimilable natural fruit sugars, and other nutritional factors such as iron, calcium, citrates and citric acid.*



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Gum Karaya N.F VIII, Sodium Borate U.S.P., Oil of Peppermint U.S.P.

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A recent survey shows that only 33.2% of all denture wearers ever find their way back to a dental office. Apparently, when normal resorption occurs patients do not realize that this condition demands their dentist's assistance.

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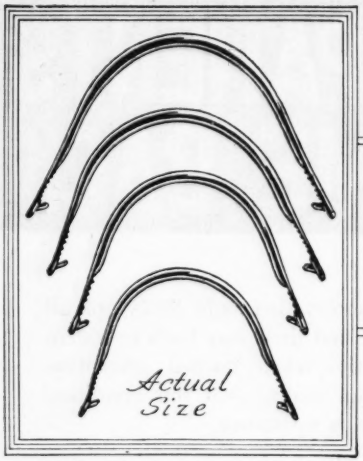
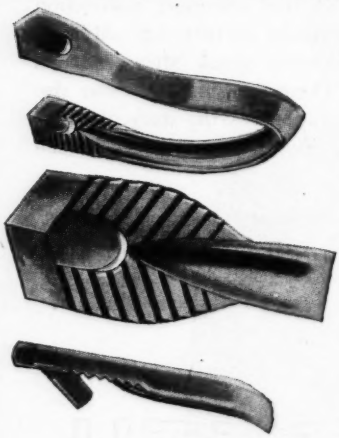


DEE Lingual Bar



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Enlarged illustrations show clearly how Dee Lingual Bars are designed for maximum stability. The slanted corrugation, the raised spur, and the perforations all combine to achieve 3-way anchorage by locking with the acrylic through and around the ends.

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WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions

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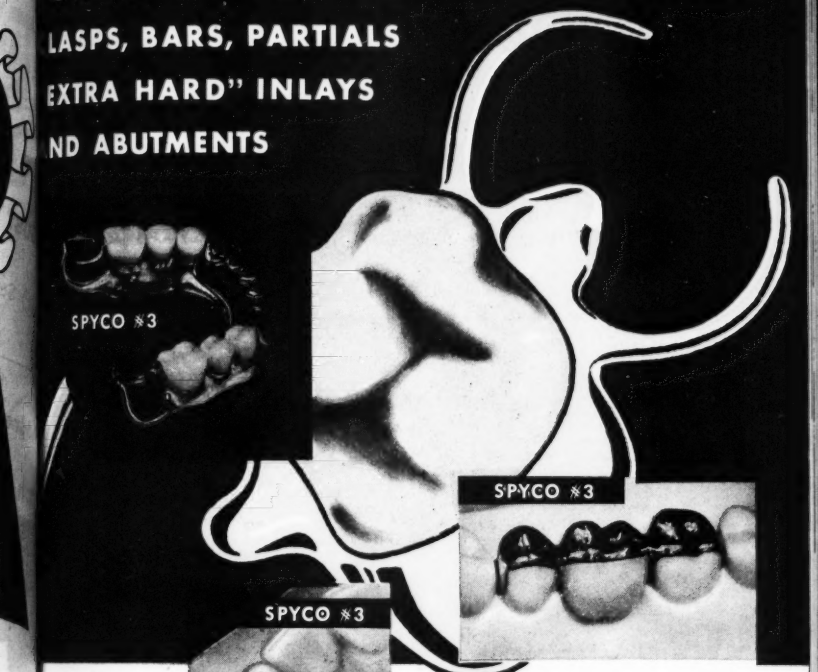

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